

Maine Department of Transportation Schedule of Items

- The Bid must be Delivered to the precise location and by the precise time set forth in the Notice to Contractors or any applicable Bid Amendment.
- Required unit prices, lump sum prices and/or bid amounts must be provided and legible.
- Do not make handwritten changes to the bid documents.

Bidder is required to bid all Items.

REGION 4 – MINI EXCAVATORS		021162.19V, 021162.20V & 021162.21V	
Region	Item # and Description	Dates	Quantity
4	MINI EXCAVATORS 10,000-14,000 Lbs 631.60 EQUIPMENT RENTAL (BY MONTH)	12/1/2019 – 11/30/2021 = 24 CM per excavator	3 excavators
	ELECTIVE OPTIONS: 910.30 SPECIAL WORK TRANSPORTATION – PICKUP 910.30 SPECIAL WORK TRANSPORTATION – DELIVERY		

10/4/2019

Maine Department of Transportation

Proposal Schedule of Items

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Proposal ID: 021162.19V

Project(s): 021162.19V, 021162.20V,
021162.21V

SECTION: 1 REGION 4 MINI EXCAVATORS

Alt Set ID:

Alt Mbr ID:

Contractor: _____

Proposal Line Number	Item ID Description	Approximate Quantity and Units	Unit Price		Bid Amount	
			Dollars	Cents	Dollars	Cents
0010	631.60 EQUIPMENT RENTAL (BY MONTH) MINI EXCAVATORS 10,000 - 14,000 LBS REGION 4	72.000 CM				
Section: 1			Total:			

SECTION: 2 OPTIONAL TRANSPORTATION REGION 4 MINI EXCAVATORS

Alt Set ID:

Alt Mbr ID:

Contractor: _____

Bidders are required to bid all items. Optional sections may or may not become part of the contract.

Proposal Line Number	Item ID Description	Approximate Quantity and Units	Unit Price		Bid Amount	
			Dollars	Cents	Dollars	Cents
0020	* 910.30 SPECIAL WORK - DELIVERY BY CONTRACTOR REG 4 (PER UNIT)	3.000 EA				
0030	* 910.30 SPECIAL WORK - PICK UP BY CONTRACTOR REG 4 (PER UNIT)	3.000 EA				
Section: 2			Total:			
			Total Bid:			

*Writing an NA, a dash (-), and/or a ZERO (0) as the Unit Price or Bid Amount for Items 910.30 SPECIAL WORK TRANS will indicate that the Equipment will be transported by the Contractor free of charge.

Paper bids shall be signed in pen and ink. Stamped and copied signatures will not be accepted.

(Print Respondent's Name and Title)_____
Signature_____
Date