STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DIVISION OF ENTERPRISE OPERATIONS BUREAU OF PROCUREMENT S. 16.765, WIS. STATS. DOA-3477 (R01/08)		Bid / Proposal # <u>ETE0020</u> Commodity / Service	
Vendor Information			
1.	BIDDING / PROPOSING COMPANY NAME		
	Phone ()	Toll Free Phone ()	
	FAX ()	E-Mail Address	
	Address		
		State Zip + 4	
2. Name the person to contact for questions cor		this bid / proposal.	
	Name	Title	
	Phone ()	Toll Free Phone ()	
	FAX ()	E-Mail Address	
	Address		
	City	State Zip + 4	
3.	Any vendor awarded over \$25,000 on this contract must submit affirmative action information to department. Please name the Personnel / Human Resource and Development or other person response for affirmative action in the company to contact about this plan.		
	Name	Title	
	Phone ()	Toll Free Phone ()	
	FAX ()	E-Mail Address	
	Address		
	City	State Zip + 4	
Mailing address to which state purchase orders are mailed and person the depart 4. concerning orders and billings.		are mailed and person the department may contact	
	Name	Title	
	Phone ()	Toll Free Phone ()	
	FAX ()	E-Mail Address	
	Address		
		State Zip + 4	
5.	CEO / President Name		

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