



City of Lompoc
Request for Quotation #2839
 (This is not an order)

PLEASE FAX YOUR QUOTE TO:

Please respond with current pricing. Be sure to supply part/catalog numbers. Follow the form below. Include tax and shipping charges, if any.	Send your quote to: Maria Villarreal at m_villarreal@ci.lompoc.ca.us Department: Purchasing Fax: 805/875-8611 Phone: 805/875-8001 By Noon: December 7, 2016
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For Department Use		Vendor to Complete this Information		
Item#	Qty	Description	Unit Cost	Extension
1	1	270-4888 1500 KVA, Three Phase, Radial Feed Pad Mount Transformer Primary Voltage: 12 kv Delta Secondary Voltage: 277/480 Volt Wye Per City of Lompoc Utility Department Electric Division Specification #ELE-115, R1, Dated 11/10/2011 (Developer project)		
		California Sales Tax @ 8%		
		Exact Freight Charges (no estimates allowed)		
		Subtotal		
		No Load (Core) Loss: _____ watts x \$6.34 =		
		Load (Windings) Loss: _____ watts x \$4.31 =		
		Total Amount Bid		

Note: This transformer is needed on an expedited basis and delivery time will be a factor in the award. Please fill in the amount of time you estimate this unit will take to build and ship to Lompoc (zip code 93436).

Delivery ARO: _____ days

Vendors – Please submit a detail and drawing of the units you are proposing along with your response.

 Company Name Signature of Authorized Representative

 Address Authorized Representative Name (please print name)

 City, State & Zip Code E-Mail Address

 Phone Number Web Page Address

 Fax Number Date

Delivery ARO _____ Days Discount for Payment in 20 Days: _____ %

FOB: DESTINATION Payment Terms: Net 30



City of Lompoc

“Registered Bidder Information Sheet”

**RFQ No. 2839– ELECTRICAL TRANSFORMERS
Opening Date: December 7, 2016**

Please immediately complete and fax this page to (805) 735-7628 to be added to the list to receive all clarifications and addendums.

- 1. Complete this form (print or type your information).**
- 2. Fax the completed sheet to (805) 735-7628.**
- 3. Circle which method was used to secure proposal package.**

Mail

Fax

Internet

Company Name

Signature of Authorized Representative

Name of Proposer

Name & Title (please print)

Address

E-Mail Address

Telephone Number

Date

Facsimile Number

Web Page Address

Contractors License Number

Expiration Date