

**Project Name:**  
**Project Description:**

<b>CLOSING DATE:</b>	<b>CLOSING TIME:</b>
<b>ISSUED DATE:</b>	<b>RFSQ NO:</b> ARIBA Doc5572034849
<b>DIVISION CONTACT: PM's Name</b>	<b>PHONE NO.: PM's contact info phone + email</b>

**BID RECEIPT – Return your Bid by the following submission method:**

**Email only**

**Mandatory Site Meeting:**

YES ☐X

NO ☐

**Location:**

**Date:**

**Time:**

Agreement Terms and Conditions:	<p>The work/services shall be performed in accordance with all of the terms and conditions set out in this Work Assignment Form and in accordance with the terms and conditions set out in the RFSQ Ariba Doc5572034849</p> <p>Agreement Signed: <b>Execution Date (TBC)</b></p>
Process Terms and Conditions:	As per RFSQ Ariba Doc5572034849

## Bid Submission Form (To be completed by the Prequalified Vendor)

**Project Number: SRP # to be populated by PMO PM**

<b>Company Name:</b>			
<b>Address:</b>			
<b>Contact Name/Title:</b>			
<b>Telephone No.'s:</b>	Bus. No.:	Cell No.:	Fax No.:
<b>E-Mail Address:</b>			
<b>Total Cost for all that is required as specified herein (PST to be included in sub-total for all construction projects)</b>	<b>COST</b>		
	<b>SUB-TOTAL</b>		\$ _____
	<b>G.S.T.</b>		\$ _____
	<b>P.S.T.</b>		\$ _____
	<b>TOTAL</b>		\$ _____
<b>Invoice to be sent to:</b> <p style="text-align: center;">             City of Toronto              Accounting Services Division              Corporate Accounts Payable              55 John Street              14Floor, Metro Hall              Toronto, ON              M5V 3C6           </p>			



## **WORK ASSIGNMENT FORM (ROTATIONAL ROSTER)**

**Page 2 of 2**

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Any discounts for prompt payment will be considered provided that the discount prompt payment is not earlier than 15 days from the receipt of invoice by the City, Accounts Payable Division.

State Discount terms: \_\_\_\_\_

Bidders are expected to acknowledge receipt of Addendum/Addenda as indicated below. Failure to do so shall result in the bid being declared non-compliant.

I/We acknowledge receipt of addendum \_\_\_\_\_ to \_\_\_\_\_ dated \_\_\_\_\_ to \_\_\_\_\_.

I/We the undersigned offer to supply the above at the price and conditions hereon offered:

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**Authorized Signature – I have authority to bind the Corporation**

**THIS FORM SHALL BE COMPLETED, PROPERLY SIGNED AND RECEIVED ON OR BEFORE THE DATE AND TIME SPECIFIED, OR YOUR BID WILL BE DECLARED NON-COMPLIANT**