


PRICE

Any quantities shown are estimated only for bid canvassing purposes. The County has made a good faith effort to estimate the quantity requirements for the contract term. The County reserves the right to increase or decrease quantities ordered under this contract.

NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
1	Medical Oxygen Type H (249 CU FT)	EA	400	\$ 15.00	\$ 6,000.00
2	Monthly Type H Cylinder Rental Charge	EA Mo	864	\$ 7.00/mo	\$ 6,048.00
3	Medical Oxygen Type E Oxygen Tank W/Built In Regulator (23 CU FT)	EA	200	\$ 5.00	\$ 1,000.00
4	Monthly Type E Cylinder Rental Charge	EA Mo	576	\$ 7.00/mo	\$ 4,032.00
5	Helium Type K (217 CU FT)	EA	20	\$ 85.00	\$ 1,700.00
6	Monthly Type K Cylinder Rental Charge	EA Mo	96	\$ 7.00/mo	\$ 672.00
7	Carbon Dioxide Liquid Siphon Tube Type G (50 LBS)	EA	24	\$ 20.00	\$ 480.00
8	Monthly Type G Cylinder Rental Charge	EA	96	\$ 7.00/mo	\$ 672.00
9	Trip/Delivery Charge (if any, must include any hazmat or other fees)	EA	48	\$ 36.00	\$ 1,728
GRAND TOTAL					\$ 22,332.00
GRAND TOTAL (In words)		Twenty two thousand, three hundred - thirty two and 00/100 dollars			

NOTE: EXTENDED TOTALS, GRAND TOTAL, AND GRAND TOTAL (IN WORDS) COMPLETED BY PROCUREMENT QUOTE SIGNATURE PAGE

OXYGEN, HELIUM AND CARBON DIOXIDE FOR DUPAGE CARE CENTER 21-015-CARE

Signature on File


 Medical Sales Representative
 (Signature and Title)
 4-14-21

 (Date)

QUOTATION MUST BE SIGNED FOR CONSIDERATION

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Business Name of Bidder	Praxair Distribution, Inc.
Main Business Address	2301 SE CREEKVIEW DR
City, State, Zip Code	ARLENY IA 50021
Telephone Number	773-636-1972
Email Address	james.fout@linde.com
Bid Contact Person	JAMES FOUT