# **BID PRICING FORM**

## Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-103-DCC
COMPANY NAME:	PRESCRIPTION SUPPLY, INC.
CONTACT PERSON:	ELAINE POLIZZI
CONTACT EMAIL:	EPOLIZZI@RXSUPPLY.COM

## Section II: Pricing

Quantities listed are estimates only and are provided for canvassing purposes. All goods shall be shipped F.O.B. Destination.

NO.	ITEM	UOM	QTY	PRICE	EXTENDED PRICE
1	Atorvastatin 20mg, 90 Tablets	BTL	5	\$ 1.32	\$ 6.60
2	Budesonide neb 0.5mg/2ml, 30 Vials	VIAL	5	\$ 25.45	\$ 127.25
3	Budesonide neb 1mg/2ml, 30 Vials	VIAL	5	\$ 119.71	\$ 598.55
4	Diclofenac sodium 1%, 100 Grams	GEL	20	\$ 4.37	\$ 87.40
5	Donepezil 10mg, 90 Tablets	BTL	5	\$ 2.39	\$ 11.95
6	Duloxetine DR 60mg, 30 Capsules	BTL	5	\$ 2.10	\$ 10.50
7	Gabapentin 300mg, 500 Capsules	BTL	3	\$ 10.70	\$ 32.10
-8	Hydralazine 50mg, 100 Tablets	BTL	5	\$ 2.84	\$ 14.20
9	Ipratropium/Albuterol 2.5mg-0.5mg/3ml, 30 Vials	VIAL	25	\$ 7.48	\$ 187.00
10	Metformin1000mg, 500 Tablets	BTL	5	\$ 7.92	\$ 39.60
11	Nystatin 100MU/GM, 60 Grams	POWDER	25	\$ 8.76	\$ 219.00
12	Simvastatin 40mg, 1000 Tablets	BTL	3	\$ 21.61	\$ 64.83
				GRAND TOTAL	\$ 1398.98
	GRAND TOTAL (In words) One thousand three hundred ninety-eight and 98/100 dollars				

### Section III: Certification

By signing below, the Bidder agrees to provide the required goods and/or services described in the Bid Specifications for the prices quoted on this Bid Pricing Form.

Signature on File

Printed	d Name: _	CANDACE L. HARBAUER	Signatu	ıro
Title: _	CORPO	RATE SECRETARY/TREASURER	Date: _	August 12, 2025



DuPage County Finance Department Procurement Division 421 North County Farm Road Room 3-400 Wheaton, Illinois 60187-3978

## **MANDATORY FORM**

## Section I: Contact Information

Complete the contact information below.

BID NUMBER:	25-103-DCC	
COMPANY NAME:	PRESCRIPTION SUPPLY, INC.	
MAIN ADDRESS:	2233 TRACY RD.	
CITY, STATE, ZIP CODE:	NORTHWOOD, OH 43619	
TELPHONE NO.:	419-661-6600 EXT 219	
BID CONTACT PERSON:	ELAINE POLIZZI	
CONTACT EMAIL:	EPOLIZZI@RXSUPPLY.COM	

#### Section II: Contract Administration Information

Complete the contract administration information below.

CORRES	PONDENCE TO CONTRACTOR:		REMIT TO CONTRACTOR:
NAME:	PRESCRIPTION SUPPLY, INC.	NAME:	PRESCRIPTION SUPPLY, INC.
CONTACT:	ELAINE POLIZZI	CONTACT:	RANDY BUCK
ADDRESS:	2233 TRACY RD.	ADDRESS:	2233 TRACY RD.
CITY, ST., ZIP:	NORTHWOOD, OH 43619	CITY, ST., ZIP:	NORTHWOOD, OH 43619
PHONE NO.:	419-661-6600 EXT 219	PHONE NO.:	419-661-6600 EXT 123
EMAIL:	EPOLIZZI@RXSUPPLY.COM	EMAIL:	RBUCK@RXSUPPLY.COM

Section III: Certification	<u>n</u>					
The undersigned certifies the	nat they are:					
☐ The Owner or Sole Proprietor	☐ A Member authorized to sign on behalf of the Partnership	☑ An Officer of the Corporation	☐ A Member of the Joint Venture			
Herein after called the Bidd	er and that the members of the P	artnership or Officers of th	e Corporation are as follows:			
THOMAS G. SCHOEN		CHRISTOPHER SCHOEN				
(Presiden	t or Partner)	(Vice-Pr	esident or Partner)			
CANDACE L. HARBAU	ER	CANDACE L. HARBA	NUER .:			
(Secretary	or Partner)	(Trea	surer or Partner)			
forms of agreement and the of the Procurement Office documents referred to or n	e contract specifications for the a r, DuPage County, 421 North	bove designated purchase County Farm Road, Whe	ne has fully examined the proposed, all of which are on file in the office aton, Illinois 60187, and all othe tached exhibits, including Addenda			
and other means of constr		ervices necessary to furni	essary machinery, tools, apparatus sh all the materials and equipmen ce therein prescribed.			
of the Bidder and in accorda	•	nent or by-laws of the Corp	e this certification/affidavit on behal oration, and the laws of the State o			
	ed Statutes 5/33 E-3 or 5/33 E-4		act as a result of a violation of eithe , or as a result of a violation of 820			
<del>-</del>	hat they have examined and car and that the statements contained		d have checked the same in detaitt.			
were properly adopted by the held and have not been rep	ne Board of Directors of the Corp ealed nor modified, and that the s	oration at a meeting of said same remain in full force ar	hed hereto and made a part hereo d Board of Directors duly called and nd effect. (Bidder may be requested act documents authority to do so.)			
			arable to the items specified in this o verify references of business and			
	<del>-</del>		contract documents, and that it wil it quantity adjustments based upor			
By signing below, the Bidde true and correct to the best	•	ndatory Form and certifies Signature o	that the information on this form is n File			
Printed Name: CANDACE	L. HARBAUER	Signature:				
Title: CORPORATE SECF	RETARY/TREASURER	Date:August 12, 202	25			