PROCUREMENT DEPARTMENT
Rm 120 Municipal Services Building
Philadelphia, PA 19102-1685
FAX: (215) 686-4716

CITY OF PHILADELPHIA

Mary E. Stitt
Procurement Commissioner

May 26, 2015

BID NUMBER: S5Z61080

TITLE: Toilet Tissue, Paper Towels and Feminine Hygiene Products

DEPARTMENT: VARIOUS

DATE TO OPEN: June 01, 2015 at 10:30 AM

ADDENDUM # 1

TO ALL BIDDERS:

Vendor Question and Answers:

The following question is from a prospective contractor and the Department of Procurement's response to the question.

Question: On Page 13 of 39 in sections2.6.2.1 and 2.6.2.2, does this mean all delivered cases must be stamped on or just the sample cases. Some product cases are marked for what is inside and a code number indicating the mill. Is that sufficient?

Answer: Per the specification of section 2.6.2.1 and 2.6.2.2 **ALL** delivered cases must be stamped not just sample cases. A bidding contractor should stamp the cases per the instructions listed in the specs. The cases should have the actual Mill and not just a code number.

The City of Philadelphia, at this time will not accept any additional questions for this bid.

Please sign, date and return this addendum with your bid to the Procurement Department, 1401 J.F.K Boulevard, Bid Room 170A, Philadelphia, PA 19102-1685 as it now becomes a part of the proposal.

L. C. Henderson, Buyer

AUTHORIZED SIGNATURE

FIRM NAME (PRINT)

DATE

LCH/dr

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Rm 120 Municipal Services Building
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CITY OF PHILADELPHIA

Mary E. Stitt
Procurement Commissioner

May 27, 2015

BID NUMBER: S5Z61080

TITLE: Toilet Tissue, Paper Towels and Feminine Hygiene Products

DEPARTMENT: VARIOUS

DATE TO OPEN: June 01, 2015 at 10:30 AM

ADDENDUM # 2

TO ALL BIDDERS:
You are hereby notified of the following changes to the above mentioned bid:

Bid #S5Z61080 has been postponed until further notice.

Please sign, date and return this addendum with your bid to the Procurement Department, 1401 J.F.K Boulevard, Bid Room 170A, Philadelphia, PA 19102-1685 as it now becomes a part of the proposal.

L. C. Henderson, Buyer

AUTHORIZED SIGNATURE

FIRM NAME (PRINT)

DATE

LCH/dr