



# Bobcat

## Product Quotation

Quotation Number: MMB-01203

Date: 2022-09-01 14:39:52

Customer Name/Address:	Bobcat Delivering Dealer	<b>ORDER TO BE PLACED WITH: Contract Holder/Manufacturer</b>
<b>CITY OF FLAGSTAFF PARKS &amp; RECREATION G10439</b> Attn: Gino Leoni 600 Thorpe Rd Flagstaff, AZ 86001 Phone: (928) 669-2288	Flagstaff Equipment Co Inc, Flagstaff, AZ 500 NORTH GRANT ST FLAGSTAFF AZ 86004-6010 Phone: (928) 774-1969 Fax: (928) 774-7006	Clark Equipment Co dba Bobcat Company 250 E Beaton Dr, West Fargo, ND 58078 Phone: 701-241-8719 Fax: 855-608-0681 Contact: Heather Messmer Heather.Messmer@doosan.com

Description	Part No	Qty	Price Ea.	Total
<b>Bobcat UW53</b>	M1227	1	\$62,824.00	\$62,824.00
29 X 10.5 Trac Tire	M1227-R05-C04	1	\$436.80	\$436.80
Block Heater	M1227-A01-C02	1	\$86.31	\$86.31
62" Heavy Duty Bucket	7272678	1	\$1,074.64	\$1,074.64
--- Bolt-On Cutting Edge, 62"	6718005	1	\$253.98	\$253.98

<b>Total of Items Quoted</b>	<b>\$64,675.73</b>
<b>Dealer P.D.I.</b>	<b>\$150.00</b>
<b>Freight Charges</b>	<b>\$1,082.00</b>
<b>Dealer Assembly Charges</b>	<b>\$64.75</b>
<b>Other Charges: Material and Logistics</b>	<b>\$5,924.00</b>
<b>Quote Total - US dollars</b>	<b>\$71,896.48</b>

Notes:

*\*Prices per the Sourcewell Contract #040319-CEC.*

*\*Terms Net 60 Days. Credit cards accepted.*

*\*FOB Destination*

*\*State Sales Taxes apply. IF Tax Exempt, please include Tax Exempt Certificate with order.*

*\*TID# 38-0425350*

***\*Orders Must Be Placed with: Clark Equipment Company dba Bobcat Company, Govt Sales, 250 E Beaton Drive, West Fargo, ND 58078.***

*\*Quote valid for 30 days*

**ORDER ACCEPTED BY:**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME AND TITLE**

\_\_\_\_\_  
**PURCHASE ORDER NUMBER**

**DELIVERY ADDRESS:** \_\_\_\_\_

**BILLING ADDRESS (if different than Ship To):** \_\_\_\_\_

**TAX EXEMPT?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**Exempt in the State of** \_\_\_\_\_

**Tax Exempt ID:**

**FEDERAL -** \_\_\_\_\_

**STATE -** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**TAX EXEMPT?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**Exempt in the State of** \_\_\_\_\_

**Tax Exempt ID:**

**FEDERAL -** \_\_\_\_\_

**STATE -** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_