**CONSTRUCTION / SERVICE BID REQUEST FORM**

**Date:** 05/09/2022 **Department**: Administration

Email: agregory@doctorsmemorial.com

**Requestor Information:**  **Name:** Amanda Gregory **Phone:** 850-584-0155

**Email:** agregory@doctorsmemorial.com

**Funding Source (DMH or County)**: DMH

**Expected Delivery/Contract Date:**

Specifications and/or Scope of work. **Include everything that is required to get the job done**.

 (If more space is needed, please attach/include supporting documents)

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| Automated vending units installed at the current locations:Doctors’ Memorial Hospital333 N Byron Butler PkwyER Lobby 1 Snack machine1 Drink MachineFront Lobby1 Drink Machine2nd Floor1 Snack machine1 Drink MachineDMH Medical Plaza555 N Byron Butler PkwyLobby1 snack machine1 Drink MachineThe machines will be required to be in good operating condition, guaranteed delivery of quality, non-expired products on a regular basis during routine business hours Monday – Friday, 8am to 5pm. Simple instructions to guide customers through the purchase process. A decal or sign, with a minimum size of 3 inches by 5 inches, displaying a 24-hour, toll-free customer assistance telephone number, and a unique identification number on each machine along with instructions covering how a refund can be obtained. |

Please list 3 preferred vendors / companies: Include a valid email and phone number

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| Mike Mash – Mash Vending 850-843-0516Chad Ellis - elliscommercegroup@gmail.com |

**MUST BE LICENSED AND INSURED**

To schedule a time to come onsite please call

Norman Heath Cell (850) 843-7776 Office (850) 584-0856 or Amanda Gregory office (850) 584-0155

**All quotes/bids will need to be in by:**

**05/23/2022**

**Mail or drop off to the attention of Amanda Gregory**

**Doctors’ Memorial Hospital**

**333 N Byron Butler Pkwy Perry, FL 32348**

**Email to** **agregory@doctorsmemorial.com**