

**BID TABULATION**

Bureau of Purchasing

No./Title 22057-060.60 Aeroquip Hoses and Fittings

Vendor Representative \_\_\_\_\_

Judith Jeffers-Taylor

Authority Representative \_\_\_\_\_

Opening Date 12/29/2022

Vendor Representative \_\_\_\_\_

Authority Representative \_\_\_\_\_

| Bid No. | Bidder                        | Bid Received     | Item No. <u>1</u> | Item No. _____ | Item No. _____ | Specs.   | Remarks     |
|---------|-------------------------------|------------------|-------------------|----------------|----------------|--|-------------|
| 1       | A & M Industrial              | 12/28/2022       | 70.5%             |                |                | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | 0% Discount |
|         | 37W Cherry Street             | Date             |                   |                |                |  |             |
|         | Rahway, NJ 07065              | 10:09 AM<br>Time |                   |                |                |  |             |
| 2       | Motion Ind dba MI Fluid Power | 12/29/2022       | 68%               |                |                | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | 0% Discount |
|         | 6770 Old Collamer Rd          | Date             |                   |                |                |  |             |
|         | East Syracuse, NY 13057       | 11:58 AM<br>Time |                   |                |                |  |             |
|         |                               | Date             |                   |                |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |             |
|         |                               | Time             |                   |                |                |  |             |
|         |                               |                  |                   |                |                |  |             |
|         |                               | Date             |                   |                |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |             |
|         |                               | Time             |                   |                |                |  |             |
|         |                               |                  |                   |                |                |  |             |
|         |                               | Date             |                   |                |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |             |
|         |                               | Time             |                   |                |                |  |             |
|         |                               |                  |                   |                |                |  |             |
|         |                               | Date             |                   |                |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |             |
|         |                               | Time             |                   |                |                |  |             |
|         |                               |                  |                   |                |                |  |             |
|         |                               | Date             |                   |                |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |             |
|         |                               | Time             |                   |                |                |  |             |
|         |                               |                  |                   |                |                |  |             |
|         |                               | Date             |                   |                |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |             |
|         |                               | Time             |                   |                |                |  |             |
|         |                               |                  |                   |                |                |  |             |