

ADVERTISING IN THE CONTRACTS REGISTER
 (SERVICE, CONSTRUCTION AND COMMODITIES)

For Assistance, call (916) 375-4583 or fax (916) 375-4564

DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION P.O. BOX 989052 (IMS Z-1) SACRAMENTO, CA 95789-9052			AGENCY BILLING CODE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px; text-align:center;">0</td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> </tr> </table> DEPARTMENT SUBMITTING ADVERTISEMENT		0						<i>Your request cannot be processed without this information</i>	
0												
CONTRACT CATEGORY NO.	CONTRACT NO.	PROJECT OR CONTRACT TITLE										
ESTIMATED COST												
<input type="checkbox"/> VALUE NOT PROVIDED <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> \$1,000,000 - \$2,999,999 <input type="checkbox"/> \$3,000,000 - \$4,999,999 <input type="checkbox"/> \$5,000,000 - \$9,999,999 <input type="checkbox"/> \$10,000,000 AND OVER												
CONTRACTOR'S LICENSE TYPE (IF REQUIRED)			CONTRACT DURATION (DAYS, MONTHS, AND/OR YEARS)									
ADVERTISEMENT REMOVE DATE		PRE-BID CONFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO Is there a Pre-BID Conference? <input type="checkbox"/> MANDATORY <input type="checkbox"/> OPTIONAL										
BID SUBMITTAL (LAST DAY AND TIME AGENCY WILL ACCEPT BIDS) DATE TIME		DATE TIME										
SERVICE LOCATION (BY COUNTY)		CONFERENCE LOCATION										
DEPARTMENT CONTACT PERSON (NAME ONLY)		ADDRESS LINE 1										
CONTACT PERSON'S TELEPHONE NUMBER		ADDRESS LINE 2										
CONTACT PERSON'S FAX NUMBER		CONFERENCE CITY		STATE	ZIP							
CONTACT PERSON'S E-MAIL ADDRESS		COORDINATOR'S TELEPHONE NUMBER										
COORDINATOR'S NAME					DATE SIGNED							
COORDINATOR'S SIGNATURE												
CONTRACT DESCRIPTION (Attach additional sheet if necessary)												