**Office of State Procurement  
Solicitation Posting Form**

**Text in red** and preceded by an asterisk (\*) indicates required field

\* Select One: Office of State Procurement Other Purchasing Office

|  |  |  |
| --- | --- | --- |
| Rebid? | Yes No |  |
|  |  |  |
| Solicitation Number: |  |  |
|  |  |  |
| \*Title: |  |  |
|  |  |  |
| \*Purchasing Agency: |  |  |
|  |  |  |
| **Ship-To Information:** |  |  |
|  |  |  |
| \*Agency Name: |  |  |
|  |  |  |
| Office Name |  |  |
|  |  |  |
| Address: |  |  |
|  |  |  |
|  |  |  |
| City: |  |  |
|  |  |  |
| State: |  |  |
|  |  |  |
| ZIP: |  |  |
|  |  |  |
| \*Contact Person: |  |  |
|  |  |  |
| \*Contact Phone: |  |  |
|  |  |  |
| TTY Phone: |  |  |
|  |  |  |
| Fax Number: |  |  |
|  |  |  |
| Fax Contact Name: |  |  |
|  |  |  |
| \*Due Date: | /  / |  |
|  |  |  |
| \* Due Time: | \_ AM PM |  |

**Remember to complete Page 2.**

**Solicitation Posting Form, Page 2**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Pre-Bid Meeting:** |  |  |
|  |  |  |
| Pre-Bid Meeting Date: | /  / | Mandatory  Not Mandatory |
|  |  |  |
| Address: |  |  |
|  |  |  |
|  |  |  |
| City: |  |  |
|  |  |  |
| State: |  |  |
|  |  |  |
| ZIP: |  |  |
|  |  |  |
| Time: | AM PM |  |
|  |  |  |
| Pre-Bid Meeting Date: |  | Mandatory  Not Mandatory |
|  |  |  |
| Address: |  |  |
|  |  |  |
| City: |  |  |
|  |  |  |
| State: |  |  |
|  |  |  |
| ZIP: |  |  |
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| Time: | AM PM |  |
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| Pre-Bid Meeting Date: |  | Mandatory  Not Mandatory |
|  |  |  |
| Address: |  |  |
|  |  |  |
| City: |  |  |
|  |  |  |
| State: |  |  |
|  |  |  |
| ZIP: |  |  |
|  |  |  |
| Time: | AM PM |  |
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| **Notes:** |  |  |
| Example, no cell phones, picture I.D., assemble at front gate. |  | |
|  |
|  |
|  |  |  |
| Buyer Code (OSP Only): |  |  |
|  |  |  |
| Reverse Auction: | Yes No |  |