## **CITY OF OWOSSO BID TABULATION SHEET**

**EXPIRATION DATE:** 

REC.:

DATE 4/9/2019
DEPT. WWTP

PO NUMBER:

| SUBJECT:                      | 2019 Landfill Services  | 52                 |                 | ı   |                       |   |                               |                         |                       |                          |                         |
|-------------------------------|---|--------------------|-----------------|---|-----------------------|---|-------------------------------|-------------------------|-----------------------|--------------------------|-------------------------|
|                               |   |                    |                 | Waste Management<br>48797 Alpha Drive, Suoite 150<br>Wixoom, MI 48393<br>248-640-8338 |                       |   |                               |                         |                       |                          |                         |
| ITEM#                         | DESCRIPTION   | EST.<br>QTY        | UNIT            | UNIT<br>PRICE<br>PICKUP   | TOTAL PRICE<br>PICKUP | UNIT<br>PRICE<br>DROPOFF                                      | TOTAL PRICE<br>DROP-OFF       | UNIT<br>PRICE<br>PICKUP | TOTAL PRICE<br>PICKUP | UNIT<br>PRICE<br>DROPOFF | TOTAL PRICE<br>DROP OFF |
|                               | 1 Wastewater Biosolids 2 Misc. Construction Debris 3 Street Sweepings | 2,502<br>45<br>190 | Ton<br>CY<br>CY | None<br>None<br>None  | None<br>None          | 61.66<br>16.50<br>32.65<br>Annual adjustme<br>more than 7% pe | \$ 6,203.50<br>nts will be no |                         |                       |                          |                         |
|                               |   |                    | TOTAL BID       |   | \$ -                  |   | \$ 161,219.32                 |                         | \$ -                  |                          |                         |
| BID PRICING<br>DEPT.<br>HEAD: | ADJUSTED FOR LOCAL PURCH  |                    |                 | IABILITY INSU   | URANCE                |   |                               | AWARDED:                |                       |                          |                         |
| PURCH.<br>AGENT:              | WORKERS COMPENSATION INSURANCE EXPIRATION DATE:                       |                    |                 |   |                       |   | COUNCIL APPROVED:             |                         |                       |                          |                         |
| STAFF                         |   |                    | SOLE PROF       | PRIETORSHIP   |                       |   |                               |                         |                       |                          |                         |