

SECTION 004321 - ALLOWANCE FORM

1.1 BID INFORMATION

- A. Bidder: _____.
- B. Project Name: Columbia University Irving Medical Center - Interventional Radiology
- C. Project Location: 155 White Plains Road, Tarrytown, NY, 10591
- D. Owner: Columbia University Irving Medical Center
- E. Owner Project Number:
- F. Architect: Gensler
- G. Architect Project Number: 006.3757.000

1.2 BID FORM SUPPLEMENT

- A. This form is required to be attached to the Bid Form.
- B. The undersigned Bidder certifies that Base Bid submission to which this Bid Supplement is attached includes those allowances described in the Contract Documents and scheduled in Section 012100 "Allowances."

1.3 SUBMISSION OF BID SUPPLEMENT

- A. Respectfully submitted this ____ day of _____, 2021.
- B. Submitted By: _____ (Insert name of bidding firm or corporation).
- C. Authorized Signature: _____ (Handwritten signature).
- D. Signed By: _____ (Type or print name).
- E. Title: _____ (Owner/Partner/President/Vice President).

END OF DOCUMENT 004321