

**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**