

STATE OF INDIANA IVOSB SUBCONTRACTOR COMMITMENT FORM

Bid#: ASA-23-74580 Does not Apply / Not using Subcontractors

TOTAL BID AMOUNT:

| | |
|---|---|
| Company Name: | Contact Person: |
| Address: | E-mail: |
| Sub-Contract Amount: | Telephone Number: () |
| Sub-Contract Percentage of Total Bid: | Fax Number: () |
| | Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract. Include the applicable certified UNSPSC that applies to this commitment. |
| | |
| Provide approximate dates when Sub-Contractor will perform on this project: | |

| | |
|---|---|
| Company Name: | Contact Person: |
| Address: | E-mail: |
| Sub-Contract Amount: | Telephone Number: () |
| Sub-Contract Percentage of Total Bid: | Fax Number: () |
| | Describe service/product to be provided and how this is a Valuable Scope Contribution of the Contract. Include the applicable certified UNSPSC that applies to this commitment. |
| | |
| Provide approximate dates when Sub-Contractor will perform on this project: | |

Respondent Firm
400 Gardners Station Rd
 Address
Gardners, PA 17324
 City/State/Zip Code

Representative
3/24/23
 Date

717-677-6181 ext 341
 Telephone Number

Kathryn.Haller@zeiglerfeed.com
 Fax Number

Kathryn Haller
 Email Address

Kathryn Haller
 Authorizing Signature

Kathryn Haller
 Printed Name and Title

Please check if additional forms are attached.
 Page _____ of _____

FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.