**Returnable Schedule 1**

|  |  |
| --- | --- |
| **Contract Number:** | SBRCQ-20/21-174 |
| **Description of Goods/Services** | Sale of Rhodes Grass Hay |

**Respondent Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Legal Company Name:** | | | | |  | | | | | | | | | | | |
| *If legal name is a trust, indicate Trustee for the trust. This must be an individual name or Pty Ltd company.* | | | | | | | | | | | | | | | | |
| **Register Trading Name:** | | | | |  | | | | | | | | | | | |
| *(as appears on invoice)* | | | | | | | | | | | | | | | | |
| **ACN (if applicable):** | | |  | | | | | | | | | | | | | |
| **ABN (if applicable):** | | |  | | | | | | | | | | | | | |
| **Street Address:** | |  | | | | | | | | | | | | | | |
| **Suburb:** | |  | | | | | | | | | | | | **Postcode:** | |  |
| **Postal Address:** | |  | | | | | | | | | | | | | | |
| **Suburb:** | |  | | | | | | | | | | | | **Postcode:** | |  |
| **Telephone:** |  | | | | | | | | | **Mobile:** | |  | | | | |
| **Facsimile:** |  | | | | | | | | | **Email:** |  | | | | | |
| **Website:** |  | | | | | | | | | | | | | | | |
| **Contact Name for Respondent:** | | | | | |  | | | | | | | | | | |
| *I am the duly authorised delegate of the company listed in the registered trading name of this form with the delegated power to issue this document on behalf of the Legal Company Name.* | | | | | | | | | | | | | | | | |
| **Contact Name for Respondent:** | | | | | | | | |  | | | | | | | |
| **Contact Name for Accounts enquiries:** | | | | | | | | |  | | | | | | | |
| **Contact Name for Contract Management:** | | | | | | | | |  | | | | | | | |
| **Offered Price *(amount excluding GST)*:** | | | | | | | |  | | | | | | | | |
| *(If applicable)* | | | | | | | | | | | | | | | | |
| **Authorised Signatory’s Full Name:** | | | | | | |  | | | | | | | | | |
| **Authorised Signatory’s Signature:** | | | | | | |  | | | | | | | | | |
| **Witness’ Full Name:** | | | |  | | | | | | | | | | | | |
| **Witness’ Signature:** | | | |  | | | | | | | | | **Date:** | |  | |

**Returnable Schedule 2**

**Pricing Schedule**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lot Number** | **Description** | **Quantity** | **Unit Rate Per Bale**  **$** | **Amount**  **$** |
| 1 | Rhodes Hay per Bale (Lg Square) | **42** |  |  |
| 2 | Rhodes Hay per Bale (Lg Square) | **41** |  |  |
| 3 | Rhodes Hay per Bale (Lg Square) | **41** |  |  |
| 4 | Rhodes Hay per Bale (Lg Square) | **41** |  |  |
| 5 | Rhodes Hay per Bale (Lg Square) | **41** |  |  |
| 6 | Rhodes Hay per Bale (Round) | **44** |  |  |
| 7 | Rhodes Hay per Bale (Round) | **44** |  |  |
| 8 | Rhodes Hay per Bale (Round) | **32** |  |  |
|  |  |  | **Sub Total** | **$** |
|  |  |  | **GST** | **$** |
|  |  |  | **Total** | **$** |

**Lodgement of Offers**

***Offers may be submitted to*** [***info@sbrc.qld.gov.au***](mailto:info@sbrc.qld.gov.au)

***Offers may be submitted in person or mail to Council’s Tender Box located at 45 Glendon Street, Kingaroy.***

***Offers received by mail or in person must be submitted in a sealed envelope, clearly marked with the contract number and title of the offer, and addressed to:***

***Chief Executive Officer***

***South Burnett Regional Council***

***Tender Box***

***PO Box 336***

***Kingaroy Qld 4610***