



INVITATION FOR BID (IFB)  
UOG BID No. B21-19

The University of Guam is soliciting sealed bids for:  
“**CONVERTIBLE LAPTOPS**”

Copies of Instruction and Information may be obtained from: UOG Procurement Office

[Uog.bids@triton.uog.edu](mailto:Uog.bids@triton.uog.edu)

Tel: (671) 735-2925

Fax: (671) 735-3010

UOG Administration Building Mangilao, Guam

A copy of the Bid Package is ONLY available through electronic mail request. You may request a PDF file of the BID package at: [uog.bids@triton.uog.edu](mailto:uog.bids@triton.uog.edu). Please have subject line reference as indicated:

UOG Bid # - Bid Title – Company/Requestor Name

A non-refundable fee of \$25.00 is required. Payment may be made via cash, check or credit card at the UOG Business Office, Cashier Services located at the UOG Administration Building Mon-Fri from 9am-4pm by appointment only. Pay by phone is available from 8am-4pm. You may schedule an appointment with our cashier services at 735-2923/45/46, please reference Bid # & Title when making payment.

**Deadline for Submission of Bid Packages is on Friday, June 25, 2021 on or before 2:00 P.M. via electronic submission to electronic Bid Share folder provided by UOG Procurement Office to all paid and registered offerors.**

*Note: Prospective bidders/respondents must register with UOG Procurement Office all contact information to ensure they receive any notices regarding any changes or updates to the IFB/RFP. UOG will not be liable for failure to provide notice to any party who did not register contact information.*

/s/Thomas W. Krise, Ph.D.  
President

University of Guam is an equal opportunity employer and provider.  
This Advertisement is paid for by University of Guam Funds.

AUTHORIZED FOR ANNOUNCEMENT  
Thomas W. Krise, Ph.D.  
President

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Bid Registration Space below:

Set No.

**REGISTER AS AN INTERESTED BIDDER TO RECEIVE DIRECT UPDATES**  
(Registration into the “Bidders List” is automatic when the bid packet is purchased.)

UOG Payment Receipt No. \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Payment Reference: Check No. \_\_\_\_\_

Name of Company: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Contact Numbers: Tel. \_\_\_\_\_ Fax \_\_\_\_\_ Cellular \_\_\_\_\_