

**FORM B(R1): PRICES**

(SeeB8)

**UNIT PRICES**

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPX. QTY.	Alternative 1 Award as a Whole	Alternative 2 Award by Item
1.	HON Alaris Chair	E1.2	EA.	40	_____ Each	_____ Each
2.	ALLSEATING Therapod chair	E1.3	EA.	35	_____ Each	_____ Each
3.	ALLSEATING Rainbow side chair	E1.4	EA	16	_____ Each	_____ Each

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 Name of Bidder