



# CITY OF TOPEKA

Contracts & Procurement Division  
City Hall, 215 SE 7<sup>th</sup> St., Room 60  
Topeka, KS 66603

[procurement@topeka.org](mailto:procurement@topeka.org)  
Tel: 785-368-3749

## LIST OF SUBCONTRACTORS AND SUPPLIERS

Project Title and Number: Bid 103 Liquid Oxygen Storage and Vaporization System 291139.01

Company Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

The Bidder is required to identify each Subcontractor and the Subcontractor's cost. Do not list alternate subcontractors for the same work. The Contractor shall list only one subcontractor for each such portion of Work as is defined by the Contractor in his bid. Contractor shall not substitute any person as subcontractor in the place of a subcontractor listed below without prior authorization of the City of Topeka, Contracts and Procurement Division. The Bidder understands that if Bidder fails to specify a subcontractor for any portion of the Work to be performed under the contract or specifies more than one subcontractor for the same portion of the Work, Bidder shall be deemed to have agreed that Bidder is fully qualified to perform that portion and cannot sublet or subcontract that portion of the Work.

Subcontractor: \_\_\_\_\_  
Amount: \_\_\_\_\_ (\$ \_\_\_\_\_ )  
(words)

Subcontractor: \_\_\_\_\_  
Amount: \_\_\_\_\_ (\$ \_\_\_\_\_ )  
(words)

Subcontractor: \_\_\_\_\_  
Amount: \_\_\_\_\_ (\$ \_\_\_\_\_ )  
(words)

Subcontractor: \_\_\_\_\_  
Amount: \_\_\_\_\_ (\$ \_\_\_\_\_ )  
(words)

Subcontractor: \_\_\_\_\_

Amount: \_\_\_\_\_ (\$ \_\_\_\_\_ )  
(words)

Subcontractor: \_\_\_\_\_  
Amount: \_\_\_\_\_ (\$ \_\_\_\_\_ )  
(words)

## LIST OF SUPPLIERS

Each Supplier performing more than 10% of the Total Bid shall also be furnished. Do not list alternate suppliers for the same work.

Supplier Name: \_\_\_\_\_  
Material: \_\_\_\_\_

Supplier Name: \_\_\_\_\_  
Material: \_\_\_\_\_

Supplier Name: \_\_\_\_\_  
Material: \_\_\_\_\_

Supplier Name: \_\_\_\_\_  
Material: \_\_\_\_\_

Supplier Name: \_\_\_\_\_  
Material: \_\_\_\_\_

Supplier Name: \_\_\_\_\_  
Material: \_\_\_\_\_

Supplier Name: \_\_\_\_\_  
Material: \_\_\_\_\_

Supplier Name: \_\_\_\_\_  
Material: \_\_\_\_\_

Supplier Name: \_\_\_\_\_  
Material: \_\_\_\_\_

Supplier Name: \_\_\_\_\_  
Material: \_\_\_\_\_