



# Bobcat

## Product Quotation

Quotation Number: MMB-00144

Date: 2022-03-10 11:52:55

Customer Name/Address:

Bobcat Delivering Dealer

**ORDERS TO BE PLACED WITH:**  
**Contract Holder/Manufacturer**

CITY OF BEL AIRE G900294  
4103 N Woodlawn Blvd  
Bel Aire, KS 67220-3846

White Star Machinery & Supply  
3223 N HYDRAULIC  
WICHITA KS 67219-1213  
Phone: (316) 838-3321  
Fax: (316) 832-1375  
Zack Simmons  
(316) 680-9845

Clark Equipment Company  
dba Bobcat Company  
250 E Beaton Dr  
West Fargo, ND 58078  
Phone: 701-241-8719  
Fax: 855-608-0681  
Contact: Heather Messmer  
Heather.Messmer@doosan.com

Description	Part No	Qty	Price Ea.	Total
<b>E35 25HP R2-Series Bobcat Compact Excavator</b>	M3409	1	\$36,101.10	\$36,101.10
E66 Extendable Arm Package	M3409-P08-E66	1	\$15,568.70	\$15,568.70
Extendable Arm	Heated High Back Cloth Suspension Seat with Headrest			
Enclosed Cab with Auto HVAC	Clamp			
Bobcat 7-inch Touch Display	Hydraulic X-Change			
Radio	Second Auxiliary Hydraulics			
Bluetooth	Angle Blade			
Keyless Start	Travel Motion Alarm			
18" MX3 XCHG TEETH	7323842	1	\$967.48	\$967.48
24" MX3 XCHG TEETH	7323530	1	\$1,041.96	\$1,041.96
36" MX3 XCHG GRADING	7333978	1	\$997.88	\$997.88

Total of Items Quoted	\$54,677.12
Dealer P.D.I.	\$200.00
Freight Charges	\$1,355.00
Dealer Assembly Charges	\$0.00
Other Charges: Material and Logistics	\$3,692.00
Quote Total - US dollars	\$59,924.12

Notes:

*\*Prices per the Kansas NASPO Construction - SW192*

*\*Terms Net 60 Days. Credit cards accepted.*

*\*FOB Destination*

*\*State Sales Taxes apply. IF Tax Exempt, please include Tax Exempt Certificate with order.*

*\*TID# 38-0425350*

*\*Orders Must Be Placed with Clark Equipment Company dba Bobcat Company, Govt Sales, 250 E Beaton Drive, West Fargo, ND 58078.*

*\*Quote valid for 30 days*

**ORDER ACCEPTED BY:**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME AND TITLE**

\_\_\_\_\_  
**PURCHASE ORDER NUMBER**

**DELIVERY ADDRESS:** \_\_\_\_\_

**BILLING ADDRESS (if different than Ship To):** \_\_\_\_\_

**TAX EXEMPT?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**Exempt in the State of** \_\_\_\_\_

**Tax Exempt ID:**

**FEDERAL -** \_\_\_\_\_

**STATE -** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_