

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

[Redacted] (Name of DSN Board/Provider)

BID TALLY SHEET

Solicitation Number: **[Redacted]**

Solicitation Title: **[Redacted]**

Date: **[Redacted]**

VENDOR	In-State Preference	S.C. End-Product	U.S. End-Product	Adjusted Price	Price	Item #1			

Opened By: _____

Witnessed by: _____