

**The University of Arkansas System Pharmacy Benefits Manager**

**RFP No. 230614**

**Intent to Propose Form**

All bidders must complete this page and return via the instructions in Proposal Tech. Exhibits will be released upon receipt of this Intent to Propose Form.

Name of Bidder:

We confirm the receipt of your request for proposal and will take the following action:

* We intend to bid on the pharmacy benefits coverage.
* We decline to bid. Please provide reason:

Signature:

Name (Print):

Telephone #:

Email:

Date:

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