\* \* INVITATION TO BID \* \*

Nutrition Services Fremont RE-1 Invitation #

1030 S 4th Street Bid Closing 5/19/17

Cañon City, CO 81212

Sealed Bids, subject to the conditions herein stipulated and in accordance with specifications set forth and/or attached hereto, will be accepted in the office of the Manager of Nutritional Services, for school district Fremont RE-1, Cañon City, Colorado, prior to 9:00 a.m., May 19, 2017 in sealed envelopes with the name and address of the bidder, date and hour of opening, and invitation number on the face of the envelope. Please direct inquiries concerning this bid to Heather Williams, (719) 276-5813, Fax No. (719) 276-5825.

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| --- | --- | --- | --- | --- | --- | --- |
| **ITEM**  **NO.** | **COMPLETE DESCRIPTION OF**  **ITEMS OR SERVICES** | **QUANTITY** | **UNIT** | **UNIT**  **PRICE** | **AMOUNT** | |
|  |  |  |  |  |  | |
|  | Medium Fork Plastic |  | 1000/cs |  |  | |
|  | Medium Knife Plastic  Medium Spoon Plastic  Medium Sporks Plastic  9” Round Foam Plate  Film Wrap 18x2000  Foil Wrap Heavy Weight 18X1000  4 oz Plastic Souffle Cup  2 oz Plastic Souffle Cup  Café Cups 12 oz  Clear Cups 12 oz  Cafe lids 12 oz  5 compartment plate  Sandwich bags  Tall dispenser napkins  Heavy Forks Plastic  Heavy Spoons Plastic  Heavy Knives Plastic  8 oz Styro Cups  Pan Liners  Bun Pan Bags 21x6x35  Gallon Storage Bags  8 oz styro squat bowls  12 oz styro bowls  Dinner Napkins(Heavy)  Prices F.O.B. Canon City, Colorado |  | 1000/cs  1000/cs  1000/cs  500/cs  roll  roll  case  case  case  case  case  case  box  case  1000/cs  1000/cs  1000/cs  500/cs  1000 ct  200 ct  Box  Case  Case  Case |  |  | |
| NOTE: Terms considered as part of bid Net 30 days (Minimum 30 day required).  NOTE: Particular attention is invited to paragraphs 15 (Late Bids) & 16 (Active Bidders List).  Bids may be awarded either by item or by lot, whichever is tote advantage of School District Fremont RE-1.  This quotation is submitted by: Name of Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
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