

REQUEST FOR BIDS

SFUSD-PD-FY26#82 (RFB for Milk and Dairy Products and Delivery Services)

Exhibit B - BID SHEET

Proposers should provide all information required in the below table. Proposers can copy and use the table to provide the required information. Use extra sheets if needed.

SAN FRANCISCO UNIFIED SCHOOL DISTRICT		DATE:	
STUDENT NUTRITION SERVICES			
DESCRIPTION	ESTIMATED YEARLY USAGE	UNIT COST	TOTAL
1% LOW FAT MILK – ½ PINT			
NON FAT MILK – ½ PINT			
HOMOGENIZED WHOLE MILK – ½ GALLON			
1% LOW FAT MILK – ½ GALLON			
LACTAID, NON FAT - ½ PINT			
TOTAL MILK COST			
<p><i>BY SIGNING BELOW, I ATTEST THAT I AM AN AUTHORIZED REPRESENTATIVE/AGENT, AND THAT I AM AUTHORIZED TO BIND THIS COMPANY CONTRACTUALLY.</i></p>			
COMPANY:			
ADDRESS:			
CITY, STATE, ZIP CODE:			
PHONE #:	CELL #:	FAX #:	
EMAIL ADDRESS:			
NAME:		TITLE:	
SIGNATURE:		DATE:	