

SAMPLE NOTIFICATION FORM
INSTRUCTIONS

1. Include correct name of product as stated on bid.
2. The correct and complete RFP/bid number.
3. Item number on RFP/bid – example #4
4. Manufacturers number not your stocking number.
5. Net weight, number of portions per case and portion size – example 100/3.96 oz or 300/5 nuggets.
6. Name of company that packed the product
7. State what country this product was packed – example USA or China.
8. Nutrition Fact Sheet.
9. Specification, product data sheet or other information which confirms the submitted product meets bid specification.
10. Write in delivery date expected to our warehouse - example 2/28/12.
11. Who should we contact if there is a question or concern?
12. Name of company sending the sample?
13. Name of company shipping the sample to warehouse?
14. Contact person's phone number and fax number.
15. Email address of contact person.
16. **Ship your samples** right away to the address listed on the sample form. Samples will not be reviewed if received after the date and time listed in the bid as the Sample Due date/time. Do not wait for a reply if you send us the sample forms, you are not asking for permission to send samples, but notifying us that you are sending them and providing all required documentation.

SEE BID DOCUMENT FOR INSTRUCTIONS ON WHERE TO SEND SAMPLES, PROPER LABELING AND DETAILS.

**SAMPLE NOTIFICATION FORM
SAMPLES FOR BID#191402**

INSTRUCTIONS:

1. Complete form.
2. E-mail awatson@escambia.k12.fl.us or fax (850-469-6271) completed form along with Nutrient Content and Specifications to Purchasing Department., copy to Kay Johnson, email: KJohnson8@escambia.k12.fl.us and PThompson@escambia.k12.fl.us

1. NAME OF ITEM: _____
2. ESCAMBIA COUNTY RFP/BID NUMBER: _____
3. ITEM NUMBER ON RFP/BID: _____
4. PRODUCT CODE NUMBER: _____
5. PACK SIZE: NET WEIGHT _____
NUMBER OF PORTIONS PER CASE: _____
PORTION SIZE: _____
6. NAME OF PACKER IF OTHER THAN BRAND NAME: _____
7. WHAT COUNTRY WAS THIS PRODUCT PACKED IN: _____
8. NUTRIENT ANALYSIS/LABEL: Attach to this form
9. SPECIFICATIONS: Attach to this form
10. EXPECTED DELIVERY DATE TO DISTRICT'S WAREHOUSE: _____
11. CONTACT PERSON: _____
12. COMPANY NAME: _____
13. NAME ON SHIPMENT CONTAINER (If different from above): _____
14. PHONE NUMBER: _____ FAX NUMBER: _____
15. EMAIL ADDRESS: _____

_____ The above sample has been approved for purchase by the Escambia County School District.

_____ The above sample was not approved for purchased by the Escambia County School District for the following reason(s):

FOOD PRODUCTS SHOULD BE SENT TO: Escambia County School District
Central Warehouse
51 E. Texar Dr.
Pensacola, Florida, 32503

**Bid#191402 – Ala Carte Snack Items and Beverages for Direct
Delivery to School Cafeterias**

**Warehouse Phone Number for Delivery Schedule or Carrier
Ticket: 850-469-5321**

MARK OUTSIDE OF BOX: Sample Product for Approval