

Equivalent Product Request

SPECIFIED ITEM INFORMATION (From Price Proposal/Product Specification Form)

 RFP ITEM NUMBER: _____
 RFP ITEM NAME: _____
 SPECIFIED BRAND: _____
 SPECIFIED ITEM CODE: _____

PROPOSED EQUIVALENT PRODUCT INFORMATION

 MFR NAME: _____
 MFR PRODUCT NAME: _____
 MFR BRAND: _____
 MFR ITEM CODE: _____

REQUIRED PRODUCT INFORMATION FOR PROPOSED EQUIVALENT:

The required documents must be current within the last three (3) years or they must be accompanied by a signed statement from the manufacturer guaranteeing that the information is still current and accurate.

- Nutrition Facts
- Ingredients List
- CN Label **or** Product Formulation Statement
- Preparation Instructions

The undersigned certifies the function, appearance, and quality of the proposed equivalent are equal or superior to specified item. The undersigned agrees, if this page is reproduced, to the terms and conditions for equivalents found in the proposal documents and that they apply to this proposed equivalent.

Request Submitted by:

 Name

 Signature Date

 Company Name

 Street Address

 City, State, Zip

 Telephone Number

 Email

 Fax Number

For Use by District Staff

- | | |
|--|--|
| <input type="checkbox"/> Sample Received | <input type="checkbox"/> Nutrition Facts |
| <input type="checkbox"/> Ingredients List | <input type="checkbox"/> CN Label/PFS |
| <input type="checkbox"/> Preparation Instructions | |
| <hr/> | |
| <input type="checkbox"/> Approved-Equal | |
| <input type="checkbox"/> Not Approved-No Sample | |
| <input type="checkbox"/> Not Approved-Sample Late : Date _____ | |
| <input type="checkbox"/> Not Approved-Missing Documents | |
| <input type="checkbox"/> Not Approved- Not Nutritionally Equivalent | |
| <input type="checkbox"/> Not Approved-Taste Test Determined not Equivalent | |

 By

 Date

 Remarks: