



Pittsburgh Public Schools

Food Service

Peter Estes, Accounting Manager

8 South 13th Street | Pittsburgh, PA 15203-1230

Phone: 412-529-3312 | Fax: 412-488-3311 | E-mail: pestes1@pghschools.org www.pps.k12.pa.us

• REQUEST FOR PRICE •

Date: July 18, 2019
Subject: Armored Car Services

This is a request for pricing of services rendered to the Pittsburgh Public Schools, Division of Food Service. Pricing requests received will be effective throughout the entire 2019-20 school year. Upon agreement by vendor and Pittsburgh Public Schools, this agreement can be extended for a period not to exceed three (3) years.

The school district will not accept any bid price deviating from the attached service description.

Completed forms must be returned by mail or in person (no faxes accepted) to:

Peter Estes, Accounting Manager
Pittsburgh Public Schools
Food Service
8 South 13th Street
Pittsburgh, PA 15203-1230

By 2:00 p.m. on August 9, 2019

Pricing for Armored Car Services must be submitted under a pick-up charge ONLY. Pricing based upon other criteria will not be accepted and will result in rejection of bid. Proof of bond must be provided before bid is accepted.

The pick-up schedule will consist of two groupings – weekly and biweekly. Bi-weekly pick-ups will be split into two rotating categories – Group 1 and Group II. As noted on the schedule, some schools will receive food service AND student activity pick-ups. Please see attached cash pick-up schedule.

ALL BANK PICKUPS MUST BE MADE BEFORE 12:00 (NOON) FOR EACH SCHEDULED PICK-UP DAY.

The pick-ups will be deposited at the following location:

PNC Bank Money Room
70 33rd St.
Pittsburgh, PA 15201

The attached BID REQUIREMENTS form must be signed and dated by the appropriate company representative for bid price to be valid.



We are an equal rights and opportunity school district



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Price per pick-up for 2019-2020 school year: \$ _____

Company _____

Address _____

Phone Number _____

Fax Number _____

Email _____

Print or Type name of authorized representative _____

Title of authorized representative _____

Signature of authorized representative _____



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