



Park Hill School District

Building Successful Futures • Each Student • Every Day

**Park Hill Food Service Department
8500 NW Riverpark Drive, Pillar 116
Parkville, Missouri 64152
816-359-4090**

FROM: Park Hill School District
Food Service Department
Ronda McCullick, Director

DATE: June 13, 2016

RE: Quote for Lunch Payment Elementary and Secondary Envelopes

The Park Hill Food Service Department is soliciting the following bid quote: Lunch payment envelopes printed on #6-3/4 regular envelope, 24# white wove, printed, one side, black ink. Sample copy of the front of a previous envelope is attached. We will e-mail the original prototype after bid is awarded (on or about July 6, 2016).

Elementary envelope: 22,500 count - 45 boxes of 500

Secondary envelope: 17,500 count - 35 boxes of 500

Please quote by Wednesday, July 6, 2016, no later than 9:00 am. Bids must be mailed or delivered. **No faxed or e-mail bids can be accepted.** If you have any questions, please call me at 816-359-4090. We would need the envelopes delivered to us by Thursday, July 21, 2016.

Thank you for considering this bid.

Attachment: Payment Envelope Sample

PARK HILL FOOD SERVICE MEAL PRE-PAYMENT ENVELOPE – ELEMENTARY SCHOOL

Student Name: Sample School: _____
 Teacher: _____ Grade: _____
 Amount Enclosed: _____ Date: _____

Prices	1 Meal	5 Meals	10 Meals	20 Meals	Extra Milk
Full Price Lunch	\$2.30	\$11.50	\$23.00	\$46.00	\$.50
Reduced Lunch	\$.40	\$ 2.00	\$ 4.00	\$ 8.00	\$.50
Full Price Breakfast	\$1.25	\$ 6.25	\$12.50	\$25.00	\$.50
Reduced Breakfast	\$.30	\$ 1.50	\$ 3.00	\$ 6.00	\$.50

For your convenience, we encourage you to purchase meals in blocks of 20 or more. If necessary, your student may receive notices that they owe for meals. You may also pay for meals with a credit card or check via the internet at www.mypaymentsplus.com or call your school food service for further information. Please note: Charging is not allowed in the Park Hill School District.

Directions: Please place cash or check (payable to Park Hill Food Service) in this envelope. Fill in the information on the front of the envelope. Checks must include name, address, daytime phone number and student's full name. No counter checks will be accepted. Please return the envelope & payment to the school cafeteria. Thank you.

PARK HILL FOOD SERVICE MEAL PRE-PAYMENT ENVELOPE – SECONDARY SCHOOL

Student Name: Sample School: _____
 Teacher: _____ Grade: _____
 Amount Enclosed: _____ Date: _____

Prices	1 Meal	5 Meals	10 Meals	20 Meals	Extra Milk
Full Price Lunch	\$2.65/2.95	\$13.25/14.75	\$26.50/29.50	\$53.00/59.00	\$.50
Reduced Lunch	\$.40	\$ 2.00	\$ 4.00	\$ 8.00	\$.50
Full Price Breakfast	\$1.50	\$ 7.50	\$15.00	\$30.00	\$.50
Reduced Breakfast	\$.30	\$ 1.50	\$ 3.00	\$ 6.00	\$.50

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