

**Penn Cambria School District  
2024-2025 School Year**

**Request for Quotation  
For the Purchase of Uniforms  
Cafeteria Staff**

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Quotations will be accepted by the Business Administrator, Penn Cambria School District, 201 6th Street, Cresson, Pennsylvania, 16630, until 1:00 PM, Thursday, July 25, 2024.

Quotations will be accepted by mail, by fax to (814) 886-4809 or by email to FranciJM@pcam.org.

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| <b>Mfg.</b> | <b>Style #</b> | <b>Description</b>          | <b>Sizes</b>             | <b>Cost Each</b> |
|-------------|----------------|-----------------------------|--------------------------|------------------|
| Port & Co   | CP45           | Visor - Black               | n/a                      |                  |
|             |                |                             |                          |                  |
| Cherokee    | 4200           | Pull-on Ladies Pant - Black | XS - XL Regular & Petite |                  |
|             |                | Regular & Petite            | 2X - 3X Petite           |                  |
|             |                |                             | 2X - 5X Regular          |                  |
|             |                |                             |                          |                  |
| Cherokee    | 4200 Tall      | Pull-on Ladies Pant - Black | XS - XL                  |                  |
|             |                |                             | 2X                       |                  |
|             |                |                             |                          |                  |
| Port & Co   | PC54           | Cotton T-Shirt - Unisex     | Small - XL               |                  |
|             |                | Carolina Blue               | 2X                       |                  |
|             |                |                             | 3X                       |                  |
|             |                |                             | 4X                       |                  |
|             |                |                             |                          |                  |
| Sport-Tek   | LST350         | Moisture-Wicking T-Shirt    | Small - XL               |                  |
|             |                | Carolina Blue               | 2X                       |                  |
|             |                |                             | 3X                       |                  |
|             |                |                             | 4X                       |                  |
|             |                |                             |                          |                  |
| Fame        | F53            | Apron - Black               | n/a                      |                  |

*The brand names and style used are to indicate a minimum of acceptable quality, and if not stated, "or equal" shall be implied. However, if an item(s) quoted is other than what is specified, please indicate.*

**\*Please provide a quote for both cotton and moisture-wicking t-shirts, if available**

**\*\*Aprons must be adjustable**

**Total Order Quantity**

Five (5) uniform sets will be purchased for approximately 25 (+/-) employees.

Each uniform set includes: 5 shirts, 5 pants, 5 aprons and 2 visors.

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**Embroidery Requested**

None

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**Fittings**

The company is required to conduct on-site fittings of staff at their in-service meeting:

Where: Penn Cambria High School  
401 Linden Avenue, Cresson, PA 16630

Date: Monday, August 12, 2024

Time: To Be Determined

Contact: Justine Hrzic-Smith, Food Service Director  
Phone 814-886-8121 x 2152

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**Delivery of Order**

Delivery of entire order will be made to:  
Food Service Director's Office  
Penn Cambria High School  
401 Linden Avenue, Cresson, PA 16630

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*This contract for the purchase of uniforms for the cafeteria staff  
will be awarded in its entirety to a single vendor.*

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**Please PRINT all information. Thank you.**

|                            |  |
|----------------------------|--|
| Company Name               |  |
| Company Representative     |  |
| Address                    |  |
| Address                    |  |
| City, State, Zip           |  |
| Telephone & extension      |  |
| FAX                        |  |
| Email                      |  |
| Original Written Signature |  |
| Date                       |  |