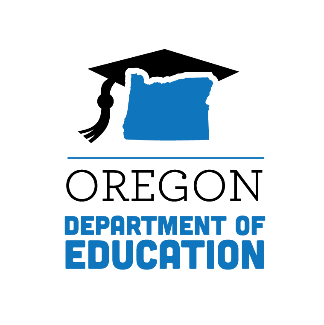
****

**Insert District Logo Here**

**ODE USDA Foods Statewide Processing Price Agreement**

**Contract (Ordering Instrument)**

Between

Agency/School Name:

And

Processor Name:

THIS CONTRACT IS SUBMITTED PURSUANT TO OREGON DEPARTMENT OF EDUCATION PRICE AGREEMENT #      (Insert Agreement/Contract Number from ODE order guide). THE PRICE AGREEMENT INCLUDING CONTRACT TERMS AND CONDITIONS AND SPECIAL CONTRACT TERMS AND CONDITIONS (T’s & C’s) CONTAINED IN THE PRICE AGREEMENT ARE HEREBY INCORPORATED BY REFERENCE AND SHALL APPLY TO THIS CONTRACT AND SHALL TAKE PRECEDENCE OVER ALL OTHER CONFLICTING T’s & C’s, EXPRESSED OR IMPLIED.

ITEMS LISTED BELOW ARE HEREBY AWARDED TO DESIGNATED PROCESSOR BY ORGANIZATION-

All info on table comes from order guide on [ODE website.](https://www.oregon.gov/ode/students-and-family/childnutrition/USDAFoods/Pages/StatewideProcessingAgreements.aspx) Add rows if necessary.

| Product Name | Manufacturer | Product # | Price | Shipping Cost | Pass thru value method (FFS, NOI, Rebate) | Order quantity |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

Page 2

**Delivery Schedule**:

**Delivery Location Address:**

**Invoicing Address:**

**Agency/School Authorized Purchasing Representative:**      

**Telephone:**

**E-mail:**

**Other Requirements:**

**Agency/School Signature:**

Name and Title of Authorized Representative (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Date

**Processor Signature:**

Name and Title of Authorized Representative (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Date