



FOOD EVENT REQUEST (F.E.R.)

For ALL EUSD events where food will be served.

Event Number _____

REGULATIONS FOR ALL FOOD EVENTS

- No food prepared in a private home may be served to or shared with students, parents or other children at any time.
- Staff only may engage in informal gatherings using foods prepared from home. No students, parents, or other children may participate.

PART A: Please allow 10 business days notice to process. Contact the Nutrition Department at 760-432-2332 for any questions.

Event Name: _____ Contact Name: _____
 Event Location: _____ Contact Phone: _____ EXT _____
 Event Date: _____ Contact Email: _____
 Event Time: _____ Expected Attendance: _____ persons
 Who will be attending the event? Students Adults, Non-Staff Staff Only

Student participation will require a Student Special Event (SSE) Form as well. SSE Number: _____

Food to be provided by: EUSD Nutrition Dept. The Enlightened Bean. Invoice Number: _____
 Outside Vendor, **complete Part B** Local Grocery Store, **complete Part C**

For the health and safety of students and parents, outside vendors and grocery stores must be an approved source by the Nutrition Department. Check eusdhealthykids.org web page for approved vendor list.

Nutrition Services labor incurred during event to be paid from Principal's budget. BAC: _____

Food to be paid by: _____ Requisition #: _____

PART B: If your preferred vendor is not on the approved list contact Nutrition Services to find out what is required for approval.

Catering Company: _____ Contact Name: _____
 Contact Phone: _____ Contact Email: _____

Food to be ordered: _____

PART C: If food items are not shelf stable at room temperature contact your site kitchen manager for proper purchasing procedure.

Grocery Store Name: _____ Store Location/Address: _____

Food to be purchased: _____

PART D:

Additional information you feel may be useful to the Kitchen Manager, Principal, or Purchasing Dept. to process your F.E.R. Form:

All information is true and correct. No information was omitted or withheld. Nutrition Services will be notified in a timely manner in the event any changes or adjustments are needed.

Please Leave completed form with your school office manager.
Office Manager: Please forward signed original to Kitchen Manager.

Contact Signature Date

Principal's Signature Date

NUTRITION SERVICES USE ONLY

Date received by Nutrition Services _____

Nutrition Staff for event: _____ Projected Hours: _____

Is food perishable: _____ Meets nutritional content: _____ Kitchen Manager Approval: _____

Vendor Approved: _____ ServSafe: _____ Food Handler for servers: _____ Health Permit: _____ Health Inspection: _____

Nutrition Comments: _____

Event Approved: YES / NO Approved By: _____ Date: _____

Reason if NOT approved: _____