Student Special Event Request

EUSD Nutrition, 2310 Aldergrove Ave., Escondido CA 92029
760-432-2332 Fax 760-735-2876

Request Number
0

Print Form

Event Name: _____ Time Needed: _____

Event Date: _____ Contact Name:_____

School: _____ Phone:_____- _____- _____ EXT:_____

Grade: _____ Method of Payment: _____

*Contact Nutrition Services Clerk Donna Duggan for Lunch ID at (760) 432-2142.

Orders may be subject to Delivery Fee and/or Labor Cost.

BAC Code

Budget Account Code	Fund	Resource	Goal	Function	Object	Location

Resource Sub Codes: 040 = Students, 042 = Culinary Class/ Supplies

MENU ITEMS	QUANTITY	COST	TOTAL	COMMENTS:
Lunch Menu Entrée:				
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
A La Carte:				
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
			$ 0.00	
Contact Kitchen Manager for Breakfast Menu				
			$ 0.00	
			$ 0.00	

APPROVAL SECTION

Ordered By _____Signature_____ Date: _____

School Principal _____Signature_____ Date: _____

Nutrition Site Manager _____ Signature_____ Date: _____

NUTRITION SERVICES USE ONLY		OTY	Price		Vendor Invoice Number
	FREE STUDENTS:			$ 0.00	HOLLANDIA:
	REDUCED:			$ 0.00	PZA GUY:
	FULL PAY:			$ 0.00	FER APPROVED:
	ADULT:			$ 0.00	
	TOTAL ATTENDANCE:	0	OWED:	$ 0.00	