

Student Special Event Request

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

Request Number _____

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:				
A La Carte:				
Contact Kitchen Manager for Breakfast Menu				
TOTAL DUE				

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:				HOLLANDIA:
	REDUCED:				PZA GUY:
	FULL PAY:				FER APPROVED:
	ADULT:				
TOTAL ATTENDANCE:			OWED:		