

# 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:
<b>Lunch Menu Entrée:</b>				
<b>A La Carte:</b>				
<b>Contact Kitchen Manager for Breakfast Menu</b>				
			<b>TOTAL DUE</b>	

## APPROVAL SECTION

Ordered By \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

School Principal \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Nutrition Site Manager \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

NUTRITION SERVICES USE ONLY		QTY	Price	<b>Vendor Invoice Number</b>
	<b>FREE STUDENTS:</b>			<b>HOLLANDIA:</b>
	<b>REDUCED:</b>			<b>PZA GUY:</b>
	<b>FULL PAY:</b>			<b>FER APPROVED:</b>
	<b>ADULT:</b>			
<b>TOTAL ATTENDANCE:</b>		<b>OWED:</b>		