

Student Special Events Request

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

Request Number

Event Name / Grade: _____

Time Needed: _____

Event Date: _____

Contact Name: _____

School / Location: _____

Phone _____ EXT: _____

Method Of Payment _____

ASB PO # _____

Credit Card Number _____

3 digit security code _____

Expiration Date _____

Name on Credit Card _____

Budget Account Code	Fund	Sub Fund	Resource	Sub Resource	Goal	Function	Object	Sub Object	Location
							4300		

Sub Codes: 040 = students, 042 = Classroom Supplies, 044= pay off student negative balances

MENU	ITEMS NEEDED	QUANTITY	Cost	TOTAL	COMMENTS:
BREAKFAST	Entree:				
LUNCH MENU	Entree:				
	Carne asada tacos add .60 per pers		.60		
ALA CARTE					

NUTRITION SERVICES USE ONLY

	Free Students:				VENDOR INVOICE NUMBER
	Reduced:				HOLLANDIA:
	Full Pay:				PZA GUY:
	Adult:				FER Approved:
	TOTAL OWED				
	Pay off student balances				

Please complete all sections and email form to Catering Orders with a copy to your site Kitchen Manager.

APPROVAL SECTION

ASB Advisor:	Date:	Site Principal / Supervisor:	Date:
ASB Treasurer :	Date:	Nutrition Site Manager:	Date: