

Student Special Event 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: _____

Zip Code: _____

Name on Credit Card: _____

Expiration Date: _____

Credit Card Number: _____

Security Code: _____

Budget Account Code		Fund	Sub Fund	Resource	Sub Resource	Function	Object 4300	Sub Object	Location
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Sub Codes: 040 = students, 042 = Classroom Supplies

MENU	ITEMS NEEDED	QUANTITY	COST	TOTAL	COMMENTS:
BREAKFAST	Entrée:				
LUNCH MENU	Entrée:				
ALA CARTE					

NUTRITION SERVICES USE ONLY					
	FREE STUDENTS:				Vendor Invoice Number
	REDUCED:				HOLLANDIA:
	FULL PAY:				PZA GUY:
	ADULT:				FER APPROVED:
	TOTAL ATTANCE:		OWED:		

Please complete all sections and email form to thebean@eusd.org with a copy to your site Kitchen Manager.

APPROVAL SECTION

ASB Advisor: _____ Date: _____

Site Principal: _____ Date: _____

ASB Treasurer: _____ Date: _____

Nutrition Site Manager: _____ Date: _____