



NS Invoice #: _____

Budget Approval

Nutrition Services Food Order Form

Request Date: _____ Cafeteria Receipt Date: _____
Please note, a minimum 2 week notice is required to allow time for ordering and Budget approval

Ordering Information:

Event Description: _____		
Event Date: _____	Event Time: _____	***Does the Smart Snacks in School Rule apply? _____
School Site: _____	Y or N _____	
Event Contact: _____	Contact Phone Number: _____	
Set-up Time: _____	Serving Time: _____	Room #: _____
Number of Students: _____	Number of Adults: _____	

****Board Policy Form 3330 is required when providing food and/or beverages to students and/or adults****
 Please attach the signed 3330 form

Billing Information:

Billing Contact: _____	Contact Phone Number: _____
School/Organization: _____	
Address: _____	
Payment Type: <u>Check or Fund Transfer</u>	Fund Transfer Acct Code: _____
Program Manager: _____	
Administrator Approval: _____	

***The Smart Snacks in School nutrition standards apply to **ALL** foods and beverages sold to students outside of the school meals programs - including vending machines, a la carte, school stores, snack carts and fundraising. Smart Snacks will be in effect for the entire school day (midnight before to 30 minutes after the end of the school day) across the entire school campus and must be approved by the Nutritionist. ***

For Nutrition Services Use Only	
Estimated Total Cost: _____	Final Billing Amount: _____
Nutrition Services Buyer Approval: _____	Date: _____
Nutrition Services Supervisor Approval: _____	Date: _____
Nutrition Services Director Approval: _____	Date: _____