Menifee Union School District

OUTSIDE VENDOR FORM FOR PRODUCT APPROVAL

Company Name:		Contact Information: E-mail Address: Phone #:		
Items wanting to bring in (Be specific, include flavor, etc.)	Serving Size (attach nutritional information label to this form)		School Site(s) Event & Date	Cost to Site/or Sold to Student
Submit this form a minimum of 10 w office@menifeeusd.org. You will recthe event. Failure to get authorization please contact Nutrition Services at	eive a confirmation e-m on and approval <u>PRIOR</u> t	ail from the	Nutrition Services Offic	e at least 1 week prior to
Product Authorized: YES		NO		
Reason for Approval/Denial – See At	tached from Alliance Pro	oduct Calcula	ator:	
Signature:				