



# FOOD EVENT REQUEST (F.E.R.)

For ALL EUSD events where food will be served.

Event Number \_\_\_\_\_

**REGULATIONS FOR ALL FOOD EVENTS**

- **No food prepared in a private home may be served to or shared with students, parents or other children at any time.**
- Staff only may engage in informal gatherings using foods prepared from home. No students, parents, or other children may participate.

**PART A:** Please allow 10 business days notice to process. Contact the Nutrition Department at 760-432-2332 for any questions.

Event Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Event Location: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ EXT \_\_\_\_\_

Event Date: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Event Time: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_ persons

Who will be attending the event?  Students  Adults, Non-Staff  Staff Only

Food to be provided by:  EUSD Nutrition Dept.  The Enlightened Bean. Invoice Number: \_\_\_\_\_

Outside Vendor, **complete Part B**  Local Grocery Store, **complete Part C**

Food ordered from EUSD Nutrition Dept. will require a Student Special Event (SSE) Form as well. SSE Number: \_\_\_\_\_

**For the health and safety of students and parents, outside vendors and grocery stores must be an approved source by the Nutrition Department.** Check eusdhealthykids.org web page for approved vendor list.

Nutrition Services labor incurred during event to be paid from Principal's budget. BAC: \_\_\_\_\_

Food to be paid by: \_\_\_\_\_ Requisition #: \_\_\_\_\_

**PART B:** If your preferred vendor is not on the approved list contact Nutrition Services to find out what is required for approval.

Catering Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Food to be ordered: \_\_\_\_\_

**PART C:** If food items are not shelf stable at room temperature contact your site kitchen manager for proper purchasing procedure.

Grocery Store Name: \_\_\_\_\_ Store Location/Address: \_\_\_\_\_

Food to be purchased: \_\_\_\_\_

**PART D:**

Additional information you feel may be useful to the Kitchen Manager, Principal, or Purchasing Dept. to process your F.E.R. Form:

\_\_\_\_\_  
\_\_\_\_\_

All information is true and correct. No information was omitted or withheld. Nutrition Services will be notified in a timely manner in the event any changes or adjustments are needed.

\_\_\_\_\_  
Contact Signature \_\_\_\_\_ Date

**Please Leave completed form with your school office manager.**  
*Office Manager: Please forward signed original to Kitchen Manager.*

\_\_\_\_\_  
Principal's Signature \_\_\_\_\_ Date

**NUTRITION SERVICES USE ONLY** Date received by Nutrition Services \_\_\_\_\_

Nutrition Staff for event: \_\_\_\_\_ Projected Hours: \_\_\_\_\_

Is food perishable: \_\_\_\_\_ Meets nutritional content: \_\_\_\_\_ Kitchen Manager Approval: \_\_\_\_\_

Vendor Approved: \_\_\_\_\_ ServSafe: \_\_\_\_\_ Food Handler for servers: \_\_\_\_\_ Health Permit: \_\_\_\_\_ Health Inspection: \_\_\_\_\_

Nutrition Comments: \_\_\_\_\_

\_\_\_\_\_

Event Approved: YES / NO Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason if NOT approved: \_\_\_\_\_