

# Twin Rivers Unified School District

## Nutrition Services

# Order Form for PURCHASED SNACKS

v. 21-22

Orders must be placed 3 weeks before they are needed

<b>Name/Phone:</b>		<b>Today's Date:</b>				
<b>School:</b>		<b>Required Date:</b>				
<b>Budget Code:</b>		<b>PO#</b>				
<b>Item #</b>	<b>Brand</b>	<b>Description</b>	<b>Pack Size</b>	<b>Case Price</b>	<b>Cases</b>	<b>Total Price</b>
203154	Keebler/30100-91822	Graham Crackers - Honey Rite	150/3ct			
209080	Kellogg's/24100-10480	Cheezit's Crackers	60/1oz			
203133	GM/31937	Strawberry Chex mix	60/1.03oz			
203130	GM/31932	Cheddar Chex Mix	60/.92oz			
201232	Kellogg's/26547	Rice Crispy Treat	80/1.3oz			
202971	Kellogg's/59772	Strawberry Nutrigrain Bar	96ct			
202968	Kellogg's/59779	Apple Cinnamon Nutrigrain Bar	96/ct			
202859	Kellogg's/5512	Pop Tart-Brown Sugar Cinnamon	120/1.76			
202835	Kellogg'd/55130	Pop Tart-Strawberry	120/1.76			
203343	Switch/00314	Tropical Pineapple Sparkling Drink*	24/8oz			
203344	Switch/00316	Watermelon Strawberry Sparkling Drink*	24/8oz			
200022	Apple & Eve/86000	Apple Juice 100% Juice	40/4.23oz			
200024	Apple & Eve/86001	Fruit Punch 100% Juice	40/4.23oz			
200026	Apple & Eve/86003	Orange Tangerine Juice 100% Juice	40/4.23oz			
200018	Apple & Eve/84526	Apple Juice 100% Juice	36/6.75oz			
202525	Apple & Eve/84528	Fruit Punch 100% Juice	36/6.75oz			
200016	Apple & Eve/84523	Orange Tangerine Juice 100% Juice	36/6.75oz			
201672	Purelife	Water *	48/8oz			
201670	Purelife	Water *	24/16.9oz			
<b>SUBTOTAL:</b>						
<b>*CRV included</b>						
<b>TOTAL:</b>						

**INSTRUCTIONS:**

1. Complete order form and sign electronically via Adobe Acrobat Pro or Adobe Acrobat Reader.
2. By signing this form electronically, you will be prompted to save and E-mail the snack request form to Louise Romo in Nutrition Services.
3. Contact information - Work #: 916-566-1600 ext 36501 E-mail: [louise.romo@twinriversusd.org](mailto:louise.romo@twinriversusd.org).
4. Submit completed form to budget services for approval.
5. Budget services will send a copy of the approved request form to Nutrition Services.

**NOTE:** Please keep in mind Nutrition Services **MUST** have your order no later than 3 weeks before snacks are needed.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_