



Food and Nutrition Services
Clinic Request for Food Supplies

School: _____ Date: _____

Item	Amount Requested	Cost/Item	Subtotal
Milk, unflavored, 1%, 8 oz.			
Juice, Apple, 4 oz.			
Juice, Juice Blend, 4 oz.			
Cracker, Goldfish, .75 oz.			
Cheez-it Crackers, .75 oz.			
Graham Tiger Bites			
Dry Cereal – Assorted. 2 oz			
Cheese Stick			
Pop Tarts			
		Total	

Clinic Representative: _____ Manager: _____

Principal/Bookkeeper: _____

Accounting String: _____ Initiated by the Bookkeeper: _____

