Alachua County Public Schools

Food and Nutrition Services

Donation of Leftover Food Record

Organization Name: _____ Date: _____

School Name: _____ Authorization From: _____

QUANTITY	DESCRIPTION

_____ _____

Representative of Accepting Agency *Food Service Manager*

Form No.: FNS 819-007 - Donation of Leftover Food Record / Food Service
New Date: 9/12/18