



**Food and Nutrition Services
Clinic Request for Food Supplies**

School: _____ Date: _____

Item	Amount Requested	Cost/Item	Subtotal
Milk, Unflavored, 1%, 8 oz.		.18	
Juice, Orange, 4 oz.		.14	
Juice, Apple, 4 oz.		.11	
Crackers: Graham Scooby Stick, 1 oz.		.19	
Cereal, Dry – Assorted		.20	
Other: _____			
Other: _____			
Other: _____			
Other: _____			
Other: _____		Total	

Clinic Representative: _____

Manager: _____