



**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: \_\_\_\_\_

Accounting String: \_\_\_\_\_ Initialed by Bookkeeper/Principal: \_\_\_\_\_

