SUSD CHILD NUTRITION/FOOD SERVICE DEPARTMENT

'Serving Fresh & delicious food in a beautiful way"

(209)933-7015

Test/Event Order Form

Complete selections below; attach budget account string showing sufficient funds to process orders

Site Name:_____Today's Date: _____

Test/Event Date: _____

Orders must be placed **three weeks** before test/event date.

Site Account String Number (Use Object Code 5751):_____

Email all documentation to nutritionservicesbusiness@stocktonusd.net

Approval Signature: _____

Note: orders will not be processed if funds are not in the account.

Number of Cases	***Item Description***	***Cost Per Case***	***Total***
	WG CHEEZ-IT CRACKER/175cs	$79.25	
	WG HONEY GRAHAM CRACKER/150cs	$44.80	
	RICE KRISPIES TREAT/80cs	$70.80	
	SCOOBY GRAHAM SNACKS/210cs	$84.51	
	PRETZELS GOLDFISH/300cs	$100.82	
	CRACKERS GOLDFISH CHEDDAR/300cs	$124.72	
	NUTRIGRAIN STRAWBERRYBAR/96cs	$57.71	
	100% FRUIT PUNCH JUICE/70cs	$19.18	
	100% APPLE CHERRY JUICE/70cs	$20.48	
	SIMPLY CHEX SNACK CHEDDAR WG 60cs	$48.72	
	PURE LIFE BTL WATER 16.9oz 24cs	$13.50	
	WHITE CHEDDAR POPCORN GLUTEN-FREE 72/.05OZ	$59.28	
	SWEET N' SALTY POPCORN GLUTEN-FREE 48/1OZ	$49.20	

Grand Total: _____

Office Use Only:

Order inputted by:_____ Order number:_____ Date:_____

Warehouse delivery date:_____