Frisco ISD Child Nutrition Program

Special Food Order Agreement

DATE OF EVENT:_____ TIME OF EVENT: _____

SCHOOL NAME: _____

NAME OF SCHOOL CONTACT: _____

PHONE NUMBER OF CONTACT: _____

EMAIL ADDRESS OF CONTACT: _____

BILL TO: _____

Quantity of item	Description of item & vendor

Rev. 081616

Special Terms:

- Cancellations/Changes: Must be made 10 days in advance to allow time to cancel orders with distributors. Failure to do so will result in the billing for food items specially ordered and not used.

Return completed form to
Campus Café Supervisor for Product Ordering
Café Supervisor Email copy of Form to Angie Campbell @ CampbeAn@friscoisd.org

_____ _____
Signature of Staff Member requesting order Date

_____ _____
Signature of Café Supervisor Date

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