

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

**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  
 Jack Cloyd, Child Nutrition Program, via email: [cloydja@friscoisd.org](mailto:cloydja@friscoisd.org)***

\_\_\_\_\_  
 Signature of Staff Member requesting order

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Café Supervisor

\_\_\_\_\_  
 Date

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