

**KANSAS STATE SCHOOL FOR THE DEAF
FOOD REQUISITION FORM**

FROM:

DATE:

DATE NEEDED:

NUMBER OF PEOPLE TO SERVE:

PICK UP TIME:

APPROVED BY:

LIST OF FOOD ITEMS NEEDED:

LIST OF PAPER OR NON-FOOD ITEMS NEEDED:

REQUEST NEEDS TO BE APPROVED AND TO DIETICIAN AT LEAST ONE WEEK BEFORE NEEDED.

REQUEST COMPLETED BY:

DATE:

If you use Internet Explorer, complete and save the pdf within the browser. Attach to a message

If you use Firefox, save this pdf to your computer, make your entries, save it, and email to Cathy.

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