

(FS Office Only) Order No: _____

**CHILD NUTRITION/ FOOD SERVICES
ICE CREAM ORDER FORM
2018-2019**

School Site Name: _____ Today's Date: _____
Your order will be delivered to your site cafeteria

Date Needed: _____

Invoiced to: Budget Account No: _____ **57510.**

Student Activities PTO PTA

Authorized by (Site): _____
(Print Name) (Signature)

Please Complete the Quantity Ordered Column Below
(Please place order **a minimum of 3 weeks** before needed.)

Item Number	Item	Pk/Sz*	Price**	Quantity Ordered
1669597	Classics Fudge Bar	48/3 oz. case	\$11.57	
1666148	Orange Dream Bar	48/3 oz. case	\$12.56	
4179267	Strawberry Sundae Crunch Bar	6/24 ct case	\$43.05	
4147508	Chocolate Sundae Crunch Bar	6/24 ct case	\$43.05	

Items are sold by the case..... **Total \$**_____

E-mail your order form to: Monique Gomez: moniquegomez@stocktonusd.net

NOTE TO SITES: Be prepared to have proper storage of items received.