



Department of Food and Nutrition

FOOD SERVICE EQUIPMENT REQUEST



Date Requested: _____

School Name: _____ Loc #: _____ Base/Sat: _____ Phone: _____

Equipment Item Requested: _____
Quantity Description

_____ Quantity Description

Detail from Catalog: _____
Manufacturer Model Color

Check One: Additional Equipment
 Replacement

Equipment Description

_____ _____ _____
Manufacturer Model Number Check One: Property Control (PC#): _____
 TAG #: _____

 Outgoing Control Equipment (OCE) Number

Reason for Order: _____

Approximate ADP: _____ Breakfast _____ Lunch _____ Afterschool Meal/Snack _____

Check One: Natural Gas LP Gas (Propane) Electric N/A

Is additional electricity needed for the item? Yes No
 Is a work order needed to connect or disconnect a gas/water hose? Yes No

_____ _____
Food Service Manager/Satellite Assistant Food Service Administrator Signature
(Print)

EQUIPMENT ADMINISTRATOR ONLY

Date Entered: _____ Initials: _____
 Vendor: _____ Price: \$ _____ Bid #: _____ Item: _____
 Deliver Inside: Uncrate Set-in-place Install Demonstrate Emergency-Please expedite
 Comments: _____

