



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
(Print)

Food Service Administrator Signature

EQUIPMENT ADMINISTRATOR ONLY

Date Entered: _____ Initials: _____

Vendor: _____ Price: \$ _____ Bid #: _____ Item: _____

Deliver Inside: Uncrate Set-in-place Install Demonstrate Emergency-Please expedite

Comments: _____