

SAN ANTONIO INDEPENDENT SCHOOL DISTRICT CHILD NUTRITION SERVICES CAMPUS FOOD PANTRY LOG

DATE/TIM	OF.		
CAMPUS:			
ITEM #	ITEM DESCRIPTION	QUANTITY	REMARKS
I certify that I have distributed the above food items to the point of contact (or representative) of the Campus Food Pantry.		I certify that I have received the above food items from the campus cafeteria to be distributed through the Campus Food Pantry.	
MANAGER SIGNATURE/DATE		POINT OF CONTACT SIGNATURE/DATE	
MANAGER PRINTED NAME		POINT OF CONTACT PRINTED NAME	