

KILLEEN INDEPENDENT SCHOOL DISTRICT

Food Fundraising & Vending Request Form

Food Items to be sold \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Manufacturer's nutritional information must be attached on each item to be sold. This information should include package size, serving size, fat, sugar grams, calories, trans fat, ingredients, and sodium information.**

I. General Info.: Name of Group/Campus \_\_\_\_\_

Contact Person: Name \_\_\_\_\_

II. Activity: Phone/E-mail \_\_\_\_\_

Date/Time \_\_\_\_\_

Hours of Sales

Start time \_\_\_\_\_ End Time \_\_\_\_\_

Location for fund raising event (hallway, gym, etc.) \_\_\_\_\_

III. \_\_\_\_\_  
Group Representative Signature/Date

IV. \_\_\_\_\_  
Principal/Designee Signature/Date Printed name of Principal/Designee

**Do not write below this line** \_\_\_\_\_

V. Your fund raising activity has been approved/disapproved Date: \_\_\_\_\_

\_\_\_\_\_  
Director for School Nutrition

**Principal or Requesting Group, please submit this form to:**

**Director of School Nutrition**

**Allow 10 business days for reply**

**5708 East Veterans Memorial Blvd, Killeen, Texas 76543, phone:336-0775/Fax (254) 680-4342**