

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Food Services Department 750 Bissell Ave, Richmond CA 94801 Tel: (510) 307-4580 Fax: (510) 233-1805

NUTRITION ANALYSIS REQUEST FORM (BEVERAGE) (ELEMENTARY)

The following information must be provided via FAX, email or mail at least three weeks prior to event

Each product you wish to serve must have an individual form (One Product per form)

1. Name of Product			
2. Serving Size of Product			
Total number of Fluid Oz in bottle	\		
Total Humber of Fluid OZ III bottle			
3. See CA Dept. of Education Quick Reference Card for more information.			
4. Attach a copy of the product label with list of ingredients, portions & volume			
5. Name of Contact Person			
Email of Contact Person			
Phone Number of Contact Pers	son		
6. Date of Event			
Time of Event			
School Site			
EMAIL Dylan.Hatami@wccusd.ne	et FAX	(510) 233-1805	5 Attn: Dylan Hatami
MAIL Dylan Hatami, Nutrition Specialist-Area Supervisor WCCUSD – Nutrition Center 750 Bissell Avenue, Richmond, CA 94801			
FOOD SERVICES OFFICE ONLY			
DATE RECEIVED:	☐ APPROVED		☐ DENIED