

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) (MIDDLE/HIGH SCHOOL)

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	e	
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 Per	rson	
	1	
6. Date of Event		
Time of Event		
School Site		
EMAIL Dylan.Hatami@wccusd.net FAX (510) 233-1805 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	