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

DATE/TIME:

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