

MISSION C.I.S.D.
CHILD NUTRITION PROGRAM
TUTORIAL SNACK DISTRIBUTION FORM

**** This form must be completed and signed after distribution, before returning to Cafeteria Manager.**

Campus _____

Date _____

Teacher _____

Employee ID# _____

ONLY students that take a COMPLETE snack should be listed on this form.

	Student Name	ID #
1		
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	Student Name	ID #
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I certify that this claim is not for UIL snacks and that this information is true and accurate.

Total Complete Snacks Served

Teacher Signature