

POUNDAGE RECEIPT FORM



DATE: _____

Preschool – Elementary – Intermediate – High School – College
(Please Circle One)

SCHOOL NAME: _____

TOWN: _____

DIVISION (Check One):

1 (1-50 students) _____ 2 (51-150 students) _____

3 (151-400 students) _____ 4 (401-800 students) _____

5 (801-1500 students) _____ 6 (1501+ students) _____

DELIVERED BY: _____

PLEASE PRINT NAME CLEARLY

PHONE/CELL NUMBER: _____

E-MAIL: _____

WEIGHT: _____ **LBS.**

10% BONUS WEIGHT: _____

(For food delivered prior to November 2nd)

FUNDS \$ _____

FUNDS + BONUS + WEIGHT TOTAL: _____

MEALS PROVIDED _____

FOODBANK SIGNATURE: _____