



Head Start Food Purchase

Family Liaison Name: _____ Date: _____

Contact Phone Number: _____

Scan and email this form to jose_paz@dpsk12.net at least ten (10) days prior to your meeting.

(* is a required field)

*Vendor Name: _____

*Address and Phone #: _____

*Check One: Pick-up Delivery (include delivery fee and/or 10% tip)

*Order Details:

Item	Quantity	Cost
10% Tip:		
Delivery Fee:		
Order Total:		

*Delivery Date and Time: _____

*Deliver to Location (school name and address): _____

Additional Information: _____

Did you request interpretation services for this meeting? If so, please send the confirmation email to Rosy Hernandez, OSII

Send the itemized vendor receipt including any tip that was added to the final total and a copy of the parents' sing-in sheets to rosa_hernandez@dpsk12.net as soon as possible after your meeting.

Approver's Signature: _____