



FOOD FOR LEARNING EQUIPMENT REQUEST 2011-2012

School:	
Equipment Requested:	
Estimated Cost of Request:	
Please explain reason for request:	
Please explain how this program will improve your student nutrition program (ex. allow you to serve more students; improve food safety standards, improve nutritional value of the food being served, etc.)	
Principal's Signature:	Date:
Coordinator's Signature:	Date:
This form is to be forwarded by e-mail (kbrace@hpedsb.on.ca), fax (613) 968-1038 or board courier to the attention of Kellie Brace.	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Food for Learning Coordinator:	
Request No.	Date:

Please note: When making equipment purchases, please follow the Board's purchasing procedures.