



**POINT ISABEL INDEPENDENT SCHOOL DISTRICT  
CHILD NUTRITION SERVICES  
CAMPUS FOOD PANTRY LOG**

|                   |
|-------------------|
| <b>DATE/TIME:</b> |
| <b>CAMPUS:</b>    |

| ITEM # | ITEM DESCRIPTION | QUANTITY | REMARKS |
|--------|------------------|----------|---------|
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |
|        |                  |          |         |

|   |   |
|---|---|
| I certify that I have distributed the above food items to the point of contact (or representative) of the District Food Pantry. | I certify that I have received the above food items from the campus cafeteria to be distributed through the District Food Pantry. |
| MANAGER SIGNATURE/DATE  | POINT OF CONTACT SIGNATURE/DATE   |
| MANAGER PRINTED NAME  | POINT OF CONTACT PRINTED NAME   |