



Food & Nutrition Services
Nurse Request Form 2026-2027



Date: _____

PO # _____

(Please have a PO # in place before submitting request)

Date Needed: _____

Location: _____

Nurses Name: _____

Bill to Department/School: _____

QTY	<u>Items</u>	
	Water Bottles (8 oz.) 48/case	\$19.50/case
	Water (16.9 oz.) 24/case	\$14.00/case
	Gatorade (12 oz.) 24/case	\$19.50/case
	Cereal Case - No Nuts-Cheerios, Chex Mix 12/case	\$14.00/case
	Saltines (300 sani-2-packs)	\$19.95/box
	Graham Crackers (200-2packs)	\$19.95/box

**Please specify staffing requirements below.*

Other:

Please give us approximately 3 Days Notice.

Please email your order to jgounaris@greatneck.k12.ny.us and/or food.phipps@greatneck.k12.ny.us.

Nurses Signature: _____ **Date:** _____

Building Principal or Assistant Principal

Signature of approval: _____