

## Child Nutrition Services Daily Spending Limit Form

Date:	Campus:	Grade:
Student Name:		Student ID:
l,	am	n requesting that my student's spending amount be limited to the following:
Spending Limit:	Spending allowed o	only on:
Parent Name:		<del></del>
Descrit Cianatura		
Parent Signature.		<del></del>
****FOR ADMINISTRATIVE USE ONLY****		
Date Requested:		
Child Nutrition Director:		Date:

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Office of the Assistant Secretary for 1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.