

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT  
**Food Services Department**  
 750 Bissell Ave, Richmond CA 94801  
 Tel: (510) 307-4580 Fax: (510) 233-1805

NUTRITION ANALYSIS REQUEST FORM (FOOD ITEM)  
 (ELEMENTARY)

The following information must be provided via FAX, email or mail  
**at least three weeks prior to event**

Each product you wish to serve must have an individual form **(One Product per form)**

<b>1. Name of Product</b>	
<b>2. Serving Size of Product In Weight (g/oz)</b>	

**3. See CA Dept. of Education Quick Reference Card for more information.**

	Per Serving Amount	Requirements
<b>Calories</b>		<b>Item &lt; or = 175</b>
<b>Total Calories from Fat (g)</b>		<b>= or &lt;35% of Total Calories</b>
<b>Total Calories from Sat. Fat (g)</b>		<b>&lt; 10%</b>