



DEPARTMENT OF EDUCATION
Food and Nutrition Service Management Division

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Judith T. Won Pat , Ed.D.
Acting Superintendent of Education

Anthony Sean Monforte
Administrator

School Site: _____

Date: _____

Serving Period: ☐ Breakfast ☐ Lunch

I certify that these tally marks are accurate and by signing below, I verify that the above is true and correct.

Designated Meal Clerk

Signature

Date

Administrator

Signature

Date

This institution is an equal opportunity provider.