

Lowndes County Public Schools  
Food Loss Form

School: \_\_\_\_\_

Date Loss Occurred: \_\_\_\_\_

Description of what happened:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quantity	Item	Unit Cost	Extended Cost

Total Less: \$ \_\_\_\_\_

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_