

# SPECIAL FUNCTION FOOD/ BEVERAGE REQUEST FORM

(Please fill in entire form in order to avoid delays in processing order)

Date of Event: \_\_\_\_\_ (Request must be submitted to **John Shaylor** at least 2 week prior to event)

Time Food/ Beverage is Required: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Number of People to Serve: \_\_\_\_\_

Group/Activity Requesting Food: \_\_\_\_\_

Check the appropriate program to charge:

_____ Board of Education	_____ TPC
_____ Superintendent	_____ DLT
_____ Business Office	_____ BPT
_____ In-Service	_____ CSE
_____ Guidance	_____ Co-Curricular i.e. Whiz Quiz, Honor Society
	Other: _____

Menu Choice: (Check all that apply)

\_\_\_\_\_ Coffee/ Tea/ Milk      \_\_\_\_\_ Dessert      \_\_\_\_\_ Lunch

\_\_\_\_\_ Other (Please specify) \_\_\_\_\_

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

Special Notes:

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

\_\_\_\_\_  
Date request submitted

\_\_\_\_\_  
Signature of requestor

\_\_\_\_\_  
Date request authorized

\_\_\_\_\_  
Signature of supervisor

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**FOOD SERVICE DIRECTOR'S USE**

Account to be billed: \_\_\_\_\_

Price of food/ beverage/ labor to be billed: \_\_\_\_\_

Miscellaneous comments: \_\_\_\_\_

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