



Special Events Order Form

Please submit 10 working days prior to Date of Special Event

Today's Date: _____ Contact Person: _____
 Date of Event: _____ Contact Phone: _____
 Delivery Time: _____ Event Time: _____
 Location of Event: _____ Purpose of Event: _____
 Number of Guests: _____

Food Items

Food	Qty.	Price

Paper Goods

Item	Qty	Price

ACCOUNT MUST BE STATED!

ACCOUNT(S) TO BE CHARGED	Amount

FINAL SIGNATURE OF PRINCIPAL/DIRECTOR/DEPT. HEAD

APPROVAL OF CHILD NUTRITION PROGRAM DIRECTOR

*Approval must be submitted **BEFORE** Special Event takes place.*

All equipment will be accounted for and missing items will be billed to requesting party.