



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.