TRUMANSBURG CENTRAL SCHOOL DISTRICT
Trumansburg, New York 14886

REQUEST FOR CATERING BY SCHOOL FOOD SERVICE DEPARTMENT

PLEASE FILE TWO WEEKS PRIOR TO THE EVENT

DATE NEEDED:_____ **TIME NEEDED:** _____

BUILDING: _____ **LOCATION FOR SET-UP:** _____

PERSON OR GROUP TO BE BILLED: _____

NATURE OF OCCASION (Open House, Faculty Mtg., etc.): _____

NUMBER EXPECTED: _____

LIST ITEMS AND AMOUNT NEEDED (i.e., 30 cup coffee pot, etc.):

_____ _____

Signature (Person Requesting) **Approved by Food Service Specialist**

_____ _____

Signature (Principal/Supervisor) **Date**

_____

Department to be charged/P.O. Number