

MAPLE RIVER FOOD SERVICE REQUEST

NEEDS TO BE TURNED IN ONE WEEK IN ADVANCE

FOOD SERVICE DIRECTOR'S FAX # 524-3532

EMAIL: hehlke@isd2135.org

CLASSROOM PIZZA PARTY

Today's Date: _____

Date & Time: _____

Location & Grade: _____

Person Requesting Items: _____

Number of Students and Staff: _____

* Cashier will charge Students and Staff Lunch Account. Give a list of names & numbers to them or have the students go through the line & key in their own numbers.

Items furnished by the Food Service Program:

Quantity	Description

Contact Person Signature _____

Food Service Director Signature _____

Cook Signature _____

PLEASE PICK UP IN THE KITCHEN