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

Date Received: _____

Event or Activity: _____
Date & Time: _____
Location: _____
Person Requesting Items:_____

Charge the following items to:

Budget Code:

Items furnished from the Food Service Program:

Quantity	Description	Unit Cost	Total
Sub-Total			
Cook Needed at Event? ____YES ____ NO _____ #Hrs x _____hrly wage = $ _____			
GRAND TOTAL			

Please Credit Food Service Codes:

Ala Carte Rev.	R 02-000-000-202-707-601	(_____)
Ala Carte Exp.	E 02-____-770-202-707-490	
Brk Food	E 02-____-770-000-705-490	(_____)
Lunch Food	E 02-____-770-000-701-490	(_____)
Milk	E 02-____-770-000-70__-495	(_____)
Supplies	E 02-____-770-000-70__-401	(_____)
Labor	E 02-____-770-000-707-490	(_____)

Cook Signature _____
Food Service Director Signature _____
Contact Person Signature _____