GREENVILLE PUBLIC SCHOOL DISTRICT
CHILD NUTRITION DEPARTMENT
SPECIAL FUNCTIONS REQUEST

Date of event: _____ Location: _____

Department: _____ Quantity: _____

Contact Person: _____ Phone: _____

Set Up Time: _____ Person to receive Bill _____

Address _____

REQUESTING ORGANIZATION IS RESPONSIBLE FOR FOOD AND LABOR COST!

ALL REQUEST REQUIRE A (3) THREE-WEEKS NOTICE. CONFIRM ARRANCEGMENTS FIVE DAYS PRIOR TO EVENT.

MENU

SMALL WARES EQUIPMENT: _____

_____

RENTAL EQUIPMENT AND SPECIAL ARRANGEMENTS: _____

Department Head Signature: _____ Date: _____

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
DATE RECEIVED: _____ Estimated Food Cost _____ Estimated Labor Cost _____	Staff needed_____	

COMPLETE AND RETURN TO CHILD NUTRITION DEPARMENT
1656 EAST UNION STREET

PHONE: 662-334-2850 **FAX: 662-334-3689**