

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 _____

EVENT NAME _____

REQUESTING ORGANIZATION IS RESPONSIBLE FOR FOOD, LABOR, DINNER/FLATWARE AND OTHER SMALL EQUIPMENT COST.

ALL REQUEST REQUIRE A (3) THREE-WEEKS NOTICE. CONFIRM ARRANGEMENTS FIVE DAYS PRIOR TO EVENT. COPY OF PURCHASE ORDER REQUIRED PRIOR TO EVENT.

MENU

SMALL WARES EQUIPMENT: _____

RENTAL EQUIPMENT AND SPECIAL ARRANGEMENTS: _____

DEPARTMENT HEAD SIGNATURE: _____ DATE _____

<p style="text-align: center;">OFFICE USE ONLY</p> <p>STAFF NEEDED _____</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>DATE RECEIVED: _____</p> <p>ESTIMATED LABOR COST: _____</p>
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Revised 9-11-2020

COMPLETE AND RETURN TO CHILD NUTRITION DEPARTMENT



PHONE: 662-334-2850

FAX: 662-334-3689

"This institution is an Equal Opportunity Provider"