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 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
STAFF NEEDED _____	DATE RECEIVED: _____
	ESTIMATED LABOR COST: _____

Revised 9-11-2020

COMPLETE AND RETURN TO CHILD NUTRITION DEPARMENT

CATERING

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

"This institution is an Equal Opportunity Provider"