**KITCHEN REQUESTION**

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| **Requester's Name:** |  | **Request Date:**  |  |
| **Grade:** |  | **Activity:** |  |
| **Number of Staff:** |  | **Number of Students:** |  |
| **Date Needed:** |  | **Time Needed:** |  |
|  |  |  |  |  |  |  |  |
| **Food Items Needed:** |  |
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|  |  |  |
| Principal Signature: |  | Date:  |  |
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| Note: All requests must be turned into the cafeteria TWO (2) WEEKS before the scheduled activity so that the appropriate food items can be ordered. The cafeteria will NOT provide the paper ware. |
|  |
| Date Received: |  | Received By: |  |
| Denied or Cancelled By:  |  |