SPECIAL FUNCTION CATERED EVENT FORM
*A minimum 10 day advance notice is REQUIRED
Please complete form thoroughly

School/Department:__________________________________________________________

Contact Person:____________________________________________________________________

Name ______________________________________ Title _____________________ Telephone # ________

Budget Code (REQUIRED): ___________________________-__________________-__________________-EFOD
Example: G E N ? ? B D ? loc. (complete fields specific to your school, no grant projects)

Name of Event:__________________________ Anticipated Number of Guests:_______

Day/Date of Event:__________________________ AM / PM Time of Event:_____________

PARTICIPANTS: (Please check)

________ Students ___________ Parents ___________ School Staff

________ Community ___________ Members ___________ Other

NATURE OF REQUEST:

________ Breakfast ___________ Lunch ___________ After School ___________ Dinner

________ Morning Break ___________ Event ___________ Evening Event

SPECIFIC REQUESTS

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Food Items</th>
<th>Quantity</th>
<th>Paper Supplies</th>
<th>Quantity</th>
<th>Utensils</th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
<td>Breakfast/Lunch/Dinner</td>
<td>________</td>
<td>9” Plates</td>
<td>________</td>
<td>Forks</td>
</tr>
<tr>
<td>________</td>
<td>Muffins, Cupcakes</td>
<td>________</td>
<td>6” Plates</td>
<td>________</td>
<td>Spoons</td>
</tr>
<tr>
<td>________</td>
<td>Cookies</td>
<td>________</td>
<td>Napkins</td>
<td>________</td>
<td>Knives</td>
</tr>
<tr>
<td>________</td>
<td>Cake</td>
<td>________</td>
<td>Straws</td>
<td>________</td>
<td></td>
</tr>
<tr>
<td>________</td>
<td>Brownies</td>
<td>________</td>
<td>Cup</td>
<td>________</td>
<td></td>
</tr>
<tr>
<td>________</td>
<td>Ice Cream/Sherbet</td>
<td>________</td>
<td>Other</td>
<td>________</td>
<td></td>
</tr>
<tr>
<td>________</td>
<td>Milk</td>
<td>________</td>
<td></td>
<td>________</td>
<td></td>
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<tr>
<td>________</td>
<td>Juice (4oz or 6oz)</td>
<td>________</td>
<td></td>
<td>________</td>
<td></td>
</tr>
</tbody>
</table>

Selections/Type/Description:________________________________________________________________________

________________________________________________________________________

Other (Specialty Item):________________________________________________________________________

________________________________________________________________________
Food Service employee(s) to be hired for actual event?

_____ Yes  _________ Number of employees

__________ Number of Hours Each

_____ No

Please review and discuss your catered event request with your Food Service Manager before submitting this request. You will be contacted by telephone for clarification of details. Budget code will be charged after the event.

Signature of Person Requesting Service

Date

Telephone Number

RETAIN ONE COPY FOR YOUR FILES; SEND SIGNED REQUEST FORM TO FOOD SERVICE MANAGER who will forward to:

SCHOOL NUTRITION SERVICES
5225 W. VLIET STREET
MILWAUKEE, WI  53208

FAX NUMBER: 414-475-8376

ADDITIONAL INSTRUCTIONS:

To be completed by School Nutrition Services:

Date Request Received:

Discussed with:

FSA Hourly Rate: __________

FSM Hourly Rate: __________

Comments:

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Signature of Staff Dietitian

Date

Signature of Director

Date

Department of School Nutrition Services

Signature of Person Requesting Service

Date

1 copy – Sign and return to Kitchen Manager who will send to Nutrition Services Central Office
1 copy – Retain for your records

CC:  Food Service Manager