

FOOD SERVICE REQUEST

_____ Date of Request
_____ Date of Activity

_____ From
_____ To

_____ Time of Activity

Department _____

Contact _____

Dept Head/Secretary Initials _____

Phone _____

Activity _____

Account # _____

Request for: Breakfast _____
 Luncheon _____
 Dinner _____
 Snacks _____
 Other _____

Total People _____

(Paper goods must be guaranteed 2 days prior to function)

(Food must be guaranteed 5 days prior to function)

Activity Location _____

Reserved on Church Calendar? _____ Yes _____ No

Seating Arrangements _____

Note: Any necessary work orders will be sent by Food Service Department

Menu Suggestions _____

Approximate Cost Per Person _____ Explanation _____

PAPER GOODS NEEDED: (list quantity)			
9-inch Plates			
6-inch Plates			
12-ounce Bowls			
Forks			
Spoons			
Knives			
Dinner Napkins			
Cocktail Napkins			
		12-ounce Cups	
		8-ounce Cups	
		6-ounce Cups	
		Tablecovers	
		Roll Towels	
		Garbage Bags	
		Other	
FOOD ITEMS NEEDED: (list type and quantity)			
Meat	(A)		
	(B)		
Vegetables	(A)		
	(B)		
Fruit	(A)		
	(B)		
Dairy	(A)		
	(B)		
		Dessert	(A)
			(B)
		Drinks	(A)
			(B)
		Other	(A)
			(B)
			(C)
			(D)

Additional Comments: _____