

FOOD SERVICE DEPARTMENT

POLAND CENTRAL SCHOOL

REQUEST FOR SERVICES OR FOOD



For questions regarding an event, please consult with Mrs. Steves at x216.

Requests shall be made one week in advance for a grade level or department
and three weeks in advance for district wide events such as graduation.

Person Making Request _____ Date of Request ____ / ____ / ____

Event/Function Title _____ Annual Event? YES NO

Date of Event ____ / ____ / ____ Event Start Time _____ AM PM Delivery Time _____ AM PM

Number of Participants _____ Location of Event _____

Person Who Will Complete the Building Use Form for Event _____

2019—2020 Food Services Price List		
Item Name	Cost per Student/Adult	Number Requested
Chips or Snacks (individual)	.75	
Cinnamon Rolls	Varies	
Cookies	Varies	
Coffee / Tea Service	.85/cup	
Fruit Item	.75	
Gatorade (12 oz. bottle)	1.25	
Ice Cream (varies by item)	.75 / 1.00 / 1.50	
Juice	.50	
Milk (all varieties)	.60	
Muffins	NA	
Water (bottle)	1.00	
Water-Flavored (bottle)	1.25	
Other:		
Other:		

Once choices are made, submit form to the Food Service Department for initial review.

Superintendent Approval YES NO _____ Date ____ / ____ / ____

Department, Fund, or Agency to be Billed _____

Person Completing Order for Food Service _____ Date _____