



**REQUEST FOR SPECIAL FOOD SERVICE**

Group/Teacher Requesting Service \_\_\_\_\_

Date Requested \_\_\_\_\_

Charge Code \_\_\_\_\_

Date When Needed \_\_\_\_\_ Time of Day \_\_\_\_\_ AM or PM \_\_\_\_\_

Type of Service Requested:

	How many	Total Cost
Milk, ½ pint, Choc, 2%, Skim (.35 each)		
Orange Juice (.50 each)		
Cinnamon Rolls (.50 each)		
Muffins, blueberry 2.375 oz (.50 each)		
Cookies, Choc Chip, Oatmeal Raisin, Peanut Butter (\$3 doz)		
Coffee (.10 per cup)		
Other		

Total Charge \_\_\_\_\_