

Inver Grove Heights Community Schools

Food Service Request Form

Date Food Service is required: _____
 Time Food Service is required: _____
 Location where service is required: _____
 Name of function/meeting: _____
 Number of people at function/meeting: _____
 Requested by: _____ Phone: _____

Account to be charged:

FD	ORG	PRG	FIN	OBJ	CRS

Supervisor signature: _____ Date: _____

Please complete form and turn into Food Service at the District Office **14 days before** function/meeting or send by email to ritterg@ISD199.org or bottolfsonc@ISD199.org. If you have questions, please call Glen @ 651.306.7217 or Colleen @ 651.306.7822.

The order will be ready **for pick-up** at the time stated above unless other arrangements have been made.

Beverages

- _____ Coffee (cup) Coffee \$0.35
-reg or decaf w/ cup, cream & sugar
- _____ Coffee (airpot=12 cups) \$4.00
- _____ Juice cup (4 oz) \$0.30
- _____ Milk (8 oz) \$0.40
- _____ Water (lg) \$0.85
- _____ Water (sm) \$0.45
- _____ Punch (1 gal) \$11.00
-32 servings w/ napkin & cup

Paper & Plastic

- _____ 6" plate \$0.03
- _____ Beverage napkin \$0.04
- _____ Dinner napkin \$0.06
- _____ Glass (8 oz) \$0.07
- _____ Fork, spoon, or knife (ea) \$0.03
- _____ Table cloth, white (82x82) \$2.50
- _____ Table cloth, white (52x108) \$2.50

Food

- (Small napkin included)
- _____ Cookie (sm) \$0.30
 - _____ Cookies (dozen) \$3.50
 - _____ Muffins (2 sm) or snack loaf (w/ plate) \$1.10
 - _____ Frudel \$0.80
 - _____ Rice Krispie Bar \$0.80
 - _____ Granola Bar \$0.60
 - _____ Bagel w/ cream cheese (w/ plate) \$1.00
 - _____ Cinnamon Roll (w/ plate) \$1.00
 - _____ Carmel Roll (w/ plate) \$1.00
 - _____ Fresh Fruit (per piece) \$0.50
 - _____ Lunch \$4.50
Sandwich, Fruit, Salad, Chips & Milk

Notes:

Office use only : 02-____-770-707-608-000

Total Amount _____