



# FOOD SERVICE REQUEST\*

Date of Request	Date of Activity
	From _____ To _____
	Time of Activity _____
Department/Ministry _____	Contact _____
Ministry Acct # _____	Phone _____

Event/Activity \_\_\_\_\_

Request for: Breakfast _____	Total # of People _____
Luncheon _____	
Dinner _____	(Paper goods must be guaranteed 2 days prior to function)
Snacks _____	
Other _____	(Food must be guaranteed 5 days prior to function)

Activity Location \_\_\_\_\_

Reserved on Church Calendar? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Special Dining Room Seating Arrangements \_\_\_\_\_

Menu Suggestions \_\_\_\_\_

Approximate Cost Per Person _____	Approved Budget Amount _____	Approved non-Budget Amount _____
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PAPER GOODS NEEDED: (list quantity)			
9-inch Plates _____	12-ounce Cups _____		
6-inch Plates _____	8-ounce Cups _____		
12-ounce Bowls _____	6-ounce Cups _____		
Forks _____	Tablecovers _____		
Spoons _____	Garbage Bags _____		
Knives _____	Other _____		
Napkins _____			

FOOD ITEMS NEEDED: (list type and quantity)			
Meat (A) _____	Dessert (A) _____		
(B) _____	(B) _____		
Vegetables (A) _____	Drinks (A) _____		
(B) _____	(B) _____		
Fruit (A) _____	Other (A) _____		
(B) _____	(B) _____		

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Accepted by Food Services: \_\_\_\_\_ Date: \_\_\_\_\_

Declined by Food Services: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Decline: \_\_\_\_\_

\* This form must be accompanied by an approved Event Reservation Request.