

Food Service School Event Set-Up

updated 7/2/2008

Event/Group Name: _____

Ordered By: _____

Phone #: _____

Bill To Name: _____

Phone# _____

Bill To Address: _____

Site Event Held At: _____

Date Needed: _____

Number of People: _____

Time Needed: _____

<u>Food Items</u>	<u>Quantity</u>	<u>Cost</u>	<u>Total</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Paper Items</u>	<u>Quantity</u>	<u>Cost</u>	<u>Total</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Request: _____

Labor: (Only if time worked is outside of your scheduled work day & we need to bill for it)

Name: _____

Hours Worked _____
(indicate if reg time, 1 1/2, or 2x time)

Name: _____

Hours Worked _____
(indicate if reg time, 1 1/2, or 2x time)

Cook Mgr. Signature _____

Date _____