



# Victor Central School District

## Request for Food Services

585-924-3252, ext. 6470

Contact Name: \_\_\_\_\_ Group Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Event Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Number of Guests: \_\_\_\_\_

School: \_\_\_\_\_ Department: \_\_\_\_\_

**-or-**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BILLING:** Paid by VCS District: \_\_\_\_\_ VCS PO # \_\_\_\_\_ Use of Kitchen (Labor): \_\_\_\_\_

Paid by Outside Organization: \_\_\_\_\_ Tax Exempt # \_\_\_\_\_ Non-Tax Exempt \_\_\_\_\_

Describe services requesting (please be specific):

**Price Estimate: \$** \_\_\_\_\_

Organization Signature & Date:

### Suggested MENU Items

Beverages	Breads/Muffins/Bagels	Specialty Snack Platters	Lunch Items
Coffee: Regular    Decaf Tea Bottled Water    Lemonade Assorted Juices    Snapple Punch Bowl Service	Bagels                      Assorted Muffins Cinnamon Rolls            Danish	Fresh Fruit Platter    Cheese Platter Cookie Platter            Snack Mix Vegetable Platter Cheese/Veggie/Fruit Combo	Sandwiches                      Wraps Pasta Salad                      Tossed Salad Assorted Chips

**FOOD SERVICE USE ONLY**

Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_ Request # \_\_\_\_\_

Change in Request: \_\_\_\_\_ Date: \_\_\_\_\_ Cancelled: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Approval Signature: \_\_\_\_\_