



**UPPER CAPE COD REGIONAL TECHNICAL SCHOOL
CANALSIDE DINING ROOM/OUTSIDE FOOD
REQUEST FOR SERVICES**

UPPER CAPE TECH

TO: Culinary Kitchen Chef

FROM: _____

ORGANIZATION: _____

BILLING ADDRESS: _____

Is your organization non-profit? NO YES (If yes, please attach Tax Exempt info - ST2 & ST5)

CANALSIDE DINING ROOM OTHER LOCATION _____

PURPOSE: _____

LINENS REQUIRED for THIS FUNCTION? _____

DATE REQUESTED FOR: _____ TIME: _____ NUMBER OF PEOPLE EXPECTED _____

IF NEEDED, ADDRESS OF LOCATION: _____

REQUEST: _____

<u>CHARGES:</u>	<u>DESCRIPTION</u>	<u>AMOUNT DUE</u>
	_____	_____
	_____	_____
	_____	_____
	<u>TOTAL</u>	_____

ACCOUNT TO BE CHARGED: _____

Accounting Initials _____

APPROVED:
SUPERVISOR: _____
Nolan LeRoy, Vocational Director

_____ **Date**

APPROVED:
SUPERINTENDENT: _____
Roger Forget, Superintendent

_____ **Date**

**APPLICATIONS SHOULD BE SUBMITTED TO MR. LEROY FOR APPROVAL
WITH AT LEAST TWO WEEK'S NOTICE – NO EXCEPTIONS!**

REV:07/23