

# Meridian Public Schools

## Food Service

### Special Function Requisition

Contact Name: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Special Function Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 Budget Account #: \_\_\_\_\_  
 Payment by Cash or Check: \_\_\_\_\_

Date of Special Function: \_\_\_\_\_

Location of Special Function: \_\_\_\_\_

Time of Special Function: \_\_\_\_\_

Delivery  or Pick-up  **Please fax completed form to 601-484-4930 or mail to Food Services @ Marion Park Complex, 2810 – 24<sup>th</sup> Street, Meridian, MS 39301, attention Louise McPhee.**

Items Needed: (Be Specific) [Ex. 3 dozen oatmeal raisin cookies, 30 waters, 1 large fruit tray, 42 bacon/onion sandwiches, 35 forks, 35 plates, 50 napkins, 30 BBQ Chicken, Potato Salad, Baked Beans, & Roll Dinners, etc.]

Quantity	Complete Description of Item	Unit Cost	Total Cost
	<b>Total Requisition</b>	\$	\$

\_\_\_\_\_  
 Originator's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Administrator's Signature

\_\_\_\_\_  
 Date

**NOTICE: Without Budget Number, Payment Due upon Delivery.**

**THIS SECTION FOR FOOD SERVICE USE ONLY**

Check Attached :

Charge Budget Number:

Cost of Special Function: \$ \_\_\_\_\_