

# Donna ISD Child Nutrition Program

PLEASE SUBMIT **10 WORKING DAYS** PRIOR TO DATE OF SPECIAL EVENT

Today's Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Delivery Time: \_\_\_\_\_

Event Time: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

DESCRIPTION	QTY	PRICE

### ACCOUNT MUST BE STATED!

ACCOUNT(S) TO BE CHARGED	AMOUNT

\_\_\_\_\_

FINAL SIGNATURE OF PRINCIPAL/DIRECTOR/DEPT. HEAD

\_\_\_\_\_

APPROVAL OF CHILD NUTRITION PROGRAM DIRECTOR

Approval must be submitted BEFORE Special Event takes place.

**\*ALL EQUIPMENT WILL BE ACCOUNTED FOR AND MISSING ITEMS WILL BE BILLED TO REQUESTING PARTY\***

# Special Event Orders Form

