

2023-2024 Function Order Form

Food Service Department, City of Waterbury

562 Captain Neville Drive, Waterbury, CT 06705, Phone: 203-574-8035, Fax: 203-346-6110

ALL ARRANGEMENTS MUST BE MADE TWO WEEKS IN ADVANCE.

BEVERAGES:

			<u>TOTAL</u>
COFFEE	0.60 ea	_____	\$ -
TEA	0.60 ea	_____	\$ -
ASST JUICES 4 oz	0.50 ea	_____	\$ -
8 oz WATER	0.50 ea	_____	\$ -
16.9 oz WATER	0.75 ea	_____	\$ -
SODA	1.75 ea	_____	\$ -
			TOTAL \$ -

DESSERT:

A VARIETY OF FRESH BAKED COOKIES	6.00 dz	_____	\$ -
BROWNIES	8.00 dz	_____	\$ -
SHEET CAKE SINGLE LAYER (40)	45.00	_____	\$ -
FRUIT SALAD (Min. 40 ppl)	5.00 pp	_____ ppl	\$ -
ASSORTED FRESH FRUIT PIECES	0.75 ea	_____	\$ -
			TOTAL \$ -

BREAKFAST:

CONTINENTAL BREAKFAST TRAY (Min. 10 ppl)

MUFFINS, DANISH, BAGELS W/ CREAM CHEESE & COFFEE	6.00 pp	_____ ppl	\$ -
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RISE & SHINE (Min. 10 ppl)

SCRAMBLED EGGS, ASSORTED MEATS, HOME FRIES, DINNER ROLLS & COFFEE	7.00 pp	_____ ppl	\$ -
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LUNCH AND DINNER OPTIONS:

FINGER SANDWICH PLATTER OR WRAPS - PLEASE SPECIFY: _____

TUNA SALAD, TURKEY HAM, TURKEY W/CHIPS (Min. 10 ppl)	7.50 pp	_____ ppl	\$ -
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LARGE TOSSED SALAD (NO MEAT OR CHEESE)

W/ITALIAN DRESSING (Min. 10 ppl)	3.75 pp	_____ ppl	\$ -
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CHEF'S SALAD - (WITH ASSORTED MEATS AND CHEESE)

SIDE OF 2 DRESSINGS W/BREAD & BUTTER (Min. 10 ppl)	7.00 pp	_____ ppl	\$ -
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PASTA W/ MARINARA OR MEAT SAUCE-PLEASE SPECIFY: _____

W/ BREAD & BUTTER (Min. 10 ppl)	8.50 pp	_____ ppl	\$ -
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PARTY PLATTER

CUBES OF ASST. CHEESES, CUBES OF ASST. MEATS & CRACKERS 12" PLATE	88.60 per plate	_____ plate(s)	\$ -
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FRESH DIPPER

SEASONAL VEGETABLE TRAY W/ DIP 12" PLATE	35.00 per plate	_____ plate(s)	\$ -
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(*12" PLATE SERVES APPROX. 15-20 PPL)

IN ADDITION, DROP OFFS THAT TAKE PLACE AFTER 2:30 pm, OVERTIME CHARGES WILL APPLY.

GRAND TOTAL \$ -

Event & Payment Information Must Be Completed In Full In Order For Request To Be Processed

EVENT NAME & LOCATION:				
DATE OF FUNCTION REQUEST:				
CONTACT PERSON:				Approval of Funds Signature
GRANT ACCOUNTANT NAME or PERSON RESPONSIBLE TO PAY:				
GENERAL FUND/GRANT NAME:				Print Name of Signature Above
GENERAL FUND/GRANT NUMBER:				
DATE OF THE FUNCTION:			SERVING TIME	Date of Approval

METHOD OF PAYMENT (Please specify: CASH, CHECK, or TRANSFER OF FUNDS) _____

ALL ARRANGEMENTS MUST BE MADE TWO WEEKS IN ADVANCE.

Send Completed Approved Form to Gina Morton gmorton@waterbury.k12.ct.us

AT YOUR REQUEST, WE CAN ACCOMMODATE ANY MENU AND WILL PRICE IT ACCORDINGLY.

**** CANCELLATIONS ARE ACCEPTED WITHIN 48 HOURS OF EVENT ONLY ****

*** FOOD SOLD TO STUDENTS MUST MEET THE CONNECTICUT HEALTHY SNACK STANDARDS ***

Revised: 4/22/2024