

**SPECIAL FUNCTION REQUEST FORM
JACKSON COUNTY SCHOOLS
FOOD SERVICE DEPARTMENT**

FUNCTION FOR : _____ DATE OF FUNCTION: _____

NUMBER TO BE SERVED: _____

LOCATION: _____

EXPECTED ARRIVAL TIME: _____ EXPECTED SERVICE TIME: _____

CONTACT PERSON: _____ PHONE#: _____

ADDRESS: _____

FUNCTION AND DATE APPROVED BY ASST. SUPERINTENDENT:

REQUESTED MENU:

FOR OFFICE USE ONLY

RECEIVED BY: LARK CHRISTIAN DATE: _____

NOTIFIED MANAGER: _____ DATE: _____

ESTIMATE: _____

NUMBER CONFIRMED _____ DATE: _____