PINELLAS COUNTY SCHOOLS
FOOD AND NUTRITION
CATERING REQUEST

School Name: _____

Group Requesting Service: _____

Contact Person: _____ Phone: _____

Date & Time of Function: _____

Location of Function: _____

Estimated Guest Count: _____

(INITIAL REQUEST DUE 10 DAYS PRIOR TO EVENT. FINAL COUNT DUE 5 DAYS PRIOR TO DATE OF FUNCTION.)

Method of Payment:

Check: ☐

Journal Entry: Provide accounting strip information

Fund	Function	Object	Center	Project	Sub-Project	Program		Amount

DESCRIPTION OF SERVICES	AMOUNT
Total	
Prepayment (if applicable)	
Total Amount Due	

Special Instructions:

_____

_____

_____

Customer Signature _____
(Signature confirms commitment to pay total amount due at conclusion of function)

Principal _____

Manager _____

Area Coordinator _____

Copy1 – Food & Nutrition Manager Copy 2 – Originator of Request Copy 3 – WPSC