Created 7/2026

RUSH HENRIETTA CENTRAL SCHOOL DISTRICT FOOD SERVICE REQUEST FORM

Name or Purpose of Function_____ Date of Event_____

Contact Person_____ ***Orders must be placed 3 school days prior to event.*** Number Attending_____

Phone Number _____ ***Event for 50 people or more, 1-week notice is required.*** Time_____

Date Order is placed: _____ Building & Room_____

***Note: There is a fee $5.00 for cancelling with less than a 24-hr. notice; AND for ordering the same day as needed.**
Any items, such as trays, center pieces, baskets, etc., not returned or not in working order when returned, will be billed.

ITEM	AMOUNT ORDERED	SELLING PRICE	AMOUNT USED	TOTAL COST	ITEM	AMOUNT ORDERED	SELLING PRICE	AMOUNT USED	TOTAL COST
Coffee, Reg - Air pot		$ 12.00	*10 Cups*		Bagels & Cream Cheese		$ 2.60		
Coffee, Decaf - Air pot		$ 12.00	*10 Cups*		Muffins		$ 1.25		
Tea, Hot		$ 1.00	Per Tea Bag		Cinnamon Roll		$ 2.00		
Lemonade, 20 oz.		$ 2.00			Scones		$ 2.00		
Bottled Water, 16.9 oz		$ 1.30			Cookie, Small		$ 0.70		
Soft Drink 20 oz.		$ 2.00			Cookie, Large		$ 1.10		
Juice 4 oz.		$ 0.90			Popcorn, Chips, Pretzels		$ 1.00		
Snapple 12 oz. can		$ 2.00			**See Catering Menu for Details**				
Punch, 62 Servings		$ 58.00			Continental Breakfast		$ 6.00		
Punch, 124 Servings		$ 90.00			Add Fresh Fruit Cup		$ 3.00 pp		
Punch, 186 Servings		$ 120.00			Boxed Lunch with Spring Water		$ 9.00		
Fresh Fruit, Whole		$ 1.25			Garden Salad Lunch		$ 7.50		
Ice Cream Dixie		$ 1.00			Add Meat		$ 9.50		
Ice Cream Novelty		$ 1.25			Julienne Salad Lunch		$ 9.50		
Gloves, Box 100		$ 4.40			Chicken Caesar Salad Lunch		$ 9.50		
					Bistro Sandwich and Wrap Tray		$ 6.00 pp		
					Afternoon Energizer		$ 5.00 pp		
					Cheese and Cracker Tray		$ 5.00 pp		
Labor (Added to any function					Tropical Fruit & Dip Platter		$ 6.00 pp		
held after regular school hours)		$ /hour			Vegetable & Dip Tray		$ 5.50 pp		
					Brownie Tray		$ 2.25 pp		
					Gourmet Cookie Tray (35pp)		$ 30.00		
Please keep bottom copy for your records.									

Total Cost_____

Requests paid through RH General Funds:

*** Administrator's Signature** _____
*** Budget Account #** _____
Purchasing Agent's Approval_____

*** These blanks must be complete before Request is honored.**

Requests paid by other source: **Date Invoiced** _____

- Name:_____ **Date Paid** _____

- Address: _____

- Make Checks Payable to: Rush Henrietta Food Service Department

- Mail to: 1133 Lehigh Station Road, Henrietta, NY 14467