

**RUSH HENRIETTA CENTRAL SCHOOL DISTRICT
FOOD SERVICE REQUEST FORM**

2017-18

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, Regular-Air pot		\$ 8.80	10 Cups		Cookie, Small		\$0.55		
Coffee, Decaf - Air pot		\$ 8.80	10 Cups		Cookie, Large		\$1.05		
Tea, Hot		\$ 0.80			Bagels & Cream Cheese		\$1.40		
Tea, Iced, 20 oz.		\$ 1.80			Muffins		\$1.10		
Bottled Water		\$ 1.20			Sweet Roll		\$0.90		
Soft Drink 20 oz.		\$ 1.80			Scones		\$1.10		
Snapple, 12 oz.		\$ 1.35			Popcorn, Chips, Pretzels		\$0.85		
Juice 4 oz.		\$ 0.70							
Juice 10 oz. bottle		\$ 1.80			See Catering Menu for Details				
Punch, 62 Servings		\$ 46.20			Continental Breakfast		\$4.40		
Punch, 124 Servings		\$ 73.50			Add Fresh Fruit Cup		\$ 1.15 pp		
Punch, 186 Servings		\$ 101.80			Add Egg Dish (Quiche)		\$ 1.15 pp		
Fresh Fruit, Whole		\$ 1.10			Boxed Lunch with Spring Water		\$6.80		
Ice Cream Dixie		\$ 0.80			Classic Julienne Salad Lunch		\$7.15		
Ice Cream Novelty		\$ 1.10			Greek Salad Lunch		\$7.20		
Gloves, Box 100		\$ 4.35			Chicken Caesar Salad Lunch		\$6.85		
					Bistro Sandwich and Wrap Tray		\$ 4.25 pp		
					Afternoon Energizer		\$ 3.10 pp		
					Cheese and Cracker Tray		\$ 3.10 pp		
Labor (Added to any function					Tropical Fruit & Dip Platter		\$ 3.40 pp		
held after regular school hours)		\$ /hour			Vegetable & Dip Tray		\$ 3.15 pp		
					Cookie Tray		\$ 1.60 pp		
					Gourmet Cookie Tray (35)		\$22.60		

Please keep bottom copy for your records.

Total Cost _____

Requests paid through RH General Funds:

Requests paid by other source:

Date Invoiced _____

* Administrator's Signature _____

- Name: _____ Date Paid _____

* Budget Account # _____

- Address: _____

Purchasing Agent's Approval _____

- Make Checks Payable to: Rush Henrietta Food Service Department

* These blanks must be complete before Request is honored.

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