RUSH HENRIETTA CENTRAL SCHOOL DISTRICT FOOD SERVICE REQUEST FORM

Name or Purpose of Function

2024-25

Date of Event_____

Contact Person	
Phone Number	

Date Order is placed:

Orders must be placed 3 school days prior to event. Event for 50 people or more, 1-week notice is required. Time

Number Attending

iequiieu.				
	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	n				Tropical Fruit & Dip Platter		\$ 6.00 pp		
held after regular school hours) \$ /hour				Vegetable & Dip Tray		\$ 5.50 pp			
-			4		Brownie Tray		\$ 2.25 pp		
					Gourmet Cookie Tray (35pp)		\$ 30.00		
Please keep bottom c	opy for your	records.							
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Total Cost

Date Invoiced Requests paid through RH General Funds: Requests paid by other source: - Name: Date Paid * Administrator's Signature _____ - Address: ____ * Budget Account #_____ 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