

CARRIZO SPRINGS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT



REQUEST FOR FOOD SERVICES

Phone (830) 876-3503 ext. 1152 email: ysamaniego@cscisd.net



All request for Food Services need to be submitted to the CSCISD Student Nutrition Department or to the Cafeteria Manager at the appropriate campus no later than 2 WEEKS before scheduled event in order to ensure delivery of request.

Please be sure that your Request for Food Services is correct. You will be charged according to the number of meals or items requested. The charge will be automatically posted immediately after the event. We will send you a "Summary of Food Services" to confirm the amount to be posted for your records.

REQUEST

Event: _____
Date of Event: _____ Location: _____
Program Title: _____ Account Code: _____
Requested By: _____ Contact Number: _____

BREAKFAST

Date Meals / Items Needed: _____ Time Needed: _____
No of Student Meals: _____ No of Teacher Meals: _____ \$ _____ /Plate

MENU REQUEST: _____

If you need paper products, ice, etc., please indicate: _____

LUNCH

Date Meals / Items Needed: _____ Time Needed: _____
No of Student Meals: _____ No of Teacher Meals: _____ \$ _____ / Plate

MENU REQUEST: _____

If you need paper products, ice, etc., please indicate: _____

SNACKS/OTHER

Date Meals / Items Needed: _____ Time Needed: _____
No of Student Meals: _____ No of Teacher Meals: _____ \$ _____ / Plate

MENU REQUEST: _____

If you need paper products, ice, etc., please indicate: _____

Total Cost: \$ _____

SIGNATURES

Requested By: _____ Date: _____
Charge Approved By: _____ Date: _____
Cafeteria / Received By: _____ Date: _____