

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF FOOD AND NUTRITION**

REPORT OF SPECIAL FUNCTIONS

Name of School: _____ Loc. #: _____ Date: _____ 20__

Name of Function _____ From _____ AM To _____ AM
PM PM

COST OF FOOD (ATTACH COPY OF DETAIL TO THIS FORM)

TOTAL FOOD CHARGE _____

COST OF LABOR

_____	PERSONS	X _____	HOURS	X _____	\$ _____	PER HOUR	\$ _____
_____	PERSONS	X _____	HOURS	X _____	\$ _____	PER HOUR	\$ _____
_____	PERSONS	X _____	HOURS	X _____	\$ _____	PER HOUR	\$ _____
_____	PERSONS	X _____	HOURS	X _____	\$ _____	PER HOUR	\$ _____
_____	PERSONS	X _____	HOURS	X _____	\$ _____	PER HOUR	\$ _____
_____	PERSONS	X _____	HOURS	X _____	\$ _____	PER HOUR	\$ _____

PAYROLL SUPPPORT COST (25%) \$ _____

TOTAL LABOR CHARGE _____

COST OF SUPPLIES (CUPS, PAPER GOODS, ETC.)

Description	Unit	Qty.	Cost	Total
				\$ _____
				\$ _____
				\$ _____

TOTAL SUPPLY CHARGE _____

MISCELLANEOUS COST: (ICE, ETC.)

Description	Unit	Qty.	Cost	Total
				\$ _____
				\$ _____
				\$ _____

TOTAL MISCELLANEOUS CHARGE _____

TOTAL AMOUNT CHARGED (ON REGISTER) _____

IF MONEY IS NOT RECEIVED AT THE END OF THE REPORTING PERIOD, SEND A COPY OF THE SPECIAL FUNCTION REPORT TO FOOD SERVICE ACCOUNTING, WHICH SHOWS OUTSTANDING CHARGE. PLEASE FOLLOW THROUGH ON COLLECTION OF THIS OUTSTANDING CHARGE.

SIGNATURE OF MANAGER