



MIAMI-DADE COUNTY PUBLIC SCHOOLS DEPARTMENT OF FOOD AND NUTRITION SPECIAL EVENT CATERING FORM



Phone: 786-275-0400

Fax: 786-275-0841

(Note: At least fourteen (14) work days' notice is required)

Organization: _____
 Contact Person: _____
 Phone: _____
 Location of Event: _____

Date Requested: _____
 Date of Event: _____
 Time of Event: _____

Type of Meals		Number of Meals		Price
		Student	Adult	
<input type="checkbox"/>	Breakfast			@3.00
<input type="checkbox"/>	Lunch			@5.00
<input type="checkbox"/>	Snack			@2.00
<input type="checkbox"/>	Other*			
*Explain:				
Food and Nutrition Procedure B-9 Resident Meal Service Using Rosters must be followed for reimbursable student breakfast and lunch meals.				

Menu: _____

Specific menu will be determined with a Food and Nutrition Representative.

Requester:

Print Name
Signature

For Food and Nutrition Staff Use Only

Food and Nutrition staff contact: _____

Food and Nutrition staff approver: _____

Location preparing meals: _____

Delivery Required: Yes No

- If Delivery is required, contact Edward Velez
- Form emailed to manager of school preparing the meals.