



KITCHEN USAGE AND LABOR REQUEST FORM

Please forward requests to:
Student Nutrition
 Support Center-1505 Randolph St.
 Carrollton, TX 75006 Phone: 972-968-6384 Fax: 972-968-6392

NAME OF SCHOOL: _____

ORGANIZATION: Name: _____
 Address: _____ City _____ Zip _____
 Phone Number: _____

CATEGORY: _____ Related School Sponsored Clubs and Organizations
 _____ Non-School Groups or Organizations

CONTACT PERSON: Name: _____
 Address: _____ City _____ Zip _____
 Phone: (Wk) _____ (Hm) _____ (Fax) _____
 Title: _____

FUNCTION/ACTIVITY:
 Purpose: _____
 Date(s): _____ Alternate Date: _____
 Time: _____ Start _____ Finish Estimated Attendance: _____

- Food will be: _____ Brought in from outside ready to eat and served by volunteers
 _____ Prepared on site by volunteers and served by volunteers
 _____ Prepared by Student Nutrition Staff and served by volunteers
 _____ Prepared and served by Student Nutrition Staff
 _____ Food will be purchased through Student Nutrition
 (Required if Student Nutrition is responsible for preparation)

PAYMENT FOR SERVICES:
 INSIDE GROUPS: Schools, PTA and clubs must provide coding to cover expenses. Student Nutrition will provide the appropriate paperwork to the Finance Office for funds to be transferred to cover the cost of the event, once it is completed. The customer will receive a copy of the bill.

Account coding for event expenses: _ _ _ - _ _ - _ _ _ - _ _ - _ _ _ - _ _

OUTSIDE GROUPS: An invoice will be mailed to the contact person above and payment is expected 2 weeks prior to the event.

I HAVE READ THE BUILDING USE PROCEDURES AND AGREE TO ABIDE BY THEM.

SIGNATURE: _____ DATE: _____

FOR STUDENT NUTRITION USE
 Request approved _____ Request NOT approved _____ INVOICE # _____ Food & Supplies Withdrawn from Inventory _____
 Comments _____ Labor Hours needed: _____

Employees Secured to Work:

NAME	HOURS TO WORK	REPORTING TIME	ENDING TIME

SNO Administrator's Signature _____ Date _____