**NEW BRUNSWICK PUBLIC SCHOOLS FOOD SERVICE REQUEST FORM/INVOICE**

(732) 745-5300 x3600 / Fax: (732) 745-5442

Vendor #55982

**Name of School/Department: Requisition #: Contact Name: Date:**

**Phone Number: Fax Number:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | This section to be completed by  Food Services only. | |
| **Meeting/Event Information** | **Date** | **Time** | **Location** | **# of people** | **Menu Request** | **Cost per**  **person** | **Total** |
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**Additional Information:**

**Please plan accordingly. All orders are FINAL once approved by the Business Administrator**

**Principal's/Supervisor's Signature: Food Service Signature:**

**Business Administrator’s Signature:**

**TOTAL: $**

Total must be filled in by

Food Services