**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:**

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

**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