

**Food Service Department  
Request for Special Function**

Date of Request: \_\_\_\_\_ PO Number \_\_\_\_\_

To: \_\_\_\_\_  
North Forest Food Service Department

**Function Name:** \_\_\_\_\_

**Requested By:** \_\_\_\_\_

**Type of Refreshments**

*Number of People:* \_\_\_\_\_

*Location:* \_\_\_\_\_

*Date Needed:* \_\_\_\_\_

*Time:* \_\_\_\_\_

*(All Special function request forms must be submitted two weeks in advance to ensure proper service.)*

***Fax: 713-636-8111***

Food Service Office Use Only

**Food/Supply Cost:**

**Labor Cost:**

**Total Cost:**

**Signature of Person Requesting:** \_\_\_\_\_

**Send Bill to:** \_\_\_\_\_