

School Nutrition Services
Meal Service Request Form
(Must be submitted at least Two Weeks prior to Meal Request)
Fax: 830-1049 or Email to: WilsonG1@pitt.k12.nc.us

Event: _____

Date: _____

Location: _____ Room: _____

Number of Meals Requested _____

Is School Nutrition Staff needed to work this Event (Yes/No) _____

If (YES) – How many staff? _____ If (YES) - How many Hours? _____

CONFIRMED MEAL COUNT FOR THE REQUEST REQUIRED THREE (3) DAYS PRIOR TO EVENT

Time of Meal Service: Start time: _____

End time: _____

Location of Meal Service: _____

Contact Person's Name & Phone Number: _____

Person/Department to be billed: _____

Address: _____

Phone #: _____

Note: The School Nutrition Department does not set up tables for any meal function

To Be Completed By School Nutrition:

Catering Cost Form Completed By: _____ /Date: _____

Cost of Meal: _____

Cost of Labor: _____

Total Quote: (Meal + Labor): _____

Director Approval: _____ / Date: _____

To Be Completed By Requestor:

Quote Approval

Signature of Quote Approval: _____ / Date: _____

**Form must be Signed and Returned to Gretchen Wilson. Signature is required before
Food and Supplies will be ordered & Labor assigned.**