HATTIESBURG PUBLIC SCHOOL DISTRICT
OFFICE OF CHILD NUTRITION
SPECIAL FUNCTION REQUEST FORM

REQUESTED BY:	EVENT DATE:
BILL TO:	EVENT TIME:
COUNT:	PICK UP/DELIVERY TIME:
CN MANAGER	LOCATION:

Circle all that apply: *This can be left at the location.* *A CN employee(s) will be needed to replenish or serve.*

Notes/Instructions:

FOOD /SUPPLIES List all items & amounts (be specific)

*All requests should be made as far ahead as possible. A minimum of two (2) weeks is needed to obtain food supplies.