

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM

REQUEST FOR CAFETERIA SERVICES

SCS

Principal

Food Services

Cafeteria Manager

Billing

User

(Please refer to Policy, 11111 Use of School
Facilities and Procedures for Cafeteria
Services and Kitchen Use)

School: _____

Date: _____

Group: _____

Contact Person: _____

Address: _____

Phone: _____

Description of Activity: _____ Breakfast _____ Lunch _____ Dinner

Time of Service: _____ Food Provided By: _____

Howard County Health Department License Number: _____

Dishmachine: _____ Yes _____ No

Number of Staff Needed: _____

Date(s): _____

Hours: From _____ To _____

Nature of Staff Duties:
(Specify) _____

Special Requirements:
(equipment, assistance, etc.) _____

Submitted by: _____ Date: _____

FOOD SERVICES: Received _____ Reviewed by _____
(date)

Approved _____ Disapproved _____

Area Field Representative: School employee to work _____ AFR init. _____

OFFICE of COMMUNITY SERVICES: _____ Approved _____
(Signature) Disapproved _____