

KAMEHAMEHA SCHOOLS MAUI Food Service Request

To be completed by Requestor

Date of Event: _____ Time: _____ Requested by: _____
 Event/Function: _____ Contact phone: _____
 Location: _____

Service Requested (please provide specific information):

Count: _____

Food: _____

Supplies: _____

Other: _____

Delivery: Please deliver to _____ by _____ am/pm (Subject to additional charges for labor)

Pick-up: I will pick up from Namahana Dining Hall on date: _____ at _____ am/pm

Billing and Payment Information - Payment will be made by:

Check Please send invoice to _____
Name Address Phone Fax

Interdepartmental Charge Please listed account to be charged _____
Cost Center Object Code Subsidiary

I agree to pay/authorize payment for the costs associated with this request. I understand that I will be invoiced for the actual cost(s) for this service, which may differ from the estimate, if provided.

Requestor's Signature: _____ Date: _____
 Please contact the Operations office immediately for changes or cancellations

Approved by: _____ Date: _____
(Supervisor/Principal Signature) (Print Name)

Approved by: _____ Date: _____
(Operations Dept.) (Print Name)

FOR OPERATIONS OFFICE USE ONLY

Request Approved

Request Denied Reason: Late Incomplete Other: _____

Comments: _____

Estimate Provided

Service completed-Please invoice for: Food \$ _____ Paper \$ _____ Labor \$ _____ Other \$ _____ TOTAL \$ _____