

**Food Service Department
Lakeland Central School District
Shrub Oak, New York 10588**

SPECIAL FUNCTION REQUEST

DATE OF REQUEST: _____

DATE OF FUNCTION: _____

CUSTOMER NAME: _____

BUILDING NAME: _____

All Information Below MUST be completed in order to process this request:

Place of Set-up: _____

Number of People: _____

Set-up should be ready at(time): _____

Description of Services Requested:

I understand that my signature below will authorize payment to be made to the Food Service Department from my school/department budget.

Signature: _____ **Budget Code A2110.400.** _____ **(building code)**
or A _____ **.400** **(department code)**

Purchase Order Number: _____

AMOUNT TO BE CHARGED: \$ _____

Please Note: Special functions will not be scheduled unless a signature and purchase order number have been provided.

<i>For Office Use Only</i>	
_____	_____
Request Number	Date