

Attn: Food Service Manager, Franklin High School
 Email: lori.schommer@franklin.k12.wi.us

Date: _____



Food Service Catering/Facility Usage Form

Instructions

- 1) This form **must be received at least five working days prior to the event.**
- 2) Contact Food Service for current prices at 414-423-4656.
- 3) Return or fax this completed form to attention: Food Service Manager, Franklin High
 FAX 414-817-3637

Important Information

- 4) You are responsible for picking up your order from the school's kitchen. Contact the Food Service Manager at 414-423-4656 if special delivery circumstances are necessary.
- 5) You are responsible for returning all equipment to the school kitchen.
- 6) Any damage to facility and/or equipment is the responsibility of the department/organization and a charge will be incurred for repair/replacement cost(s).

Date: _____		Dept/Organization: _____			
Address (Outside organizations only): _____					
Dept/Org Representative: _____				Phone: _____	
Date of Function: _____		Day of Week: _____		Time of Function: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Building and Room Location: _____					
Dept Acct # (Order will not be processed without the account number.): _____					
Approved by: _____				Date: _____	
Qty Ordered	U/M	Description of Item(s)	For Office Use Only		
			Qty Used	Cost	Extension
Total					