

Valley School District
Food and Beverage Plan

Organizer/Requester: _____ Building: _____ Date: _____

Event name*: _____ Type of event: _____

Date(s): _____ Time(s) of event: _____

Duration of event (no. of hours, days): _____

Place of event: _____

Meal Time(s): _____ Setup Time: _____

**Please attach event agenda, if available.*

Snack _____ **Time:** _____

Anticipated Service For: #Staff _____ #Guests _____ = Total #Attendees _____

Water Coffee Tea Granola Bars Estimated Cost: _____

Breakfast: _____ **Time:** _____

Anticipated Service For: #Staff _____ #Guests _____ = Total #Attendees _____

Water Coffee Tea Other _____

Granola Bars Fruit & Yogurt Estimated Cost: _____

Lunch _____ **Time:** _____

Anticipated Service For: #Staff _____ #Guests _____ = Total #Attendees _____

Water Coffee Tea Other _____ Estimated Cost: _____

Describe meal plan and list the cost of items/supplies to be purchased:

Dinner

Time:

Anticipated Service For: #Staff_____ #Guests_____ = Total #Attendees_____

Water Coffee Tea Other_____ Estimated Cost:_____

Describe meal plan and list the cost of items/supplies to be purchased:

Event Total Estimated Cost:_____

Authorization

Requested by:_____ Date:_____
Please Print Name

Authorized by:_____ Date:_____
Supervisor Name/Signature

For Office Use Only:

Account code(s) to be charged: _____