

# 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 \_\_\_\_\_ 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: \_\_\_\_\_  
Department ID# Account#

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 \$ \_\_\_\_\_