

*****This form will need to be signed/approved by principal or department head, before an employee can place an order.**

School/Building:	Statement Date:
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Date	Organization Responsible	Item Description/ Quantity	Reason for Purchase	Amount estimate
			Total Actual Charges	

_____ Estimated labor hours (Hours beyond regular daily schedule)	X	_____ Rate per hour (Overtime rate if beyond 40 hours per week)	=	_____ Total estimated cost of labor
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approval email attached (sent by: Building Administrator, Department Head)
circle one

Ordered by: Signature

Approved by Building Administrator
 or Department Head

 Superintendent Signature

 Date

***Please forward this form to the District Office prior to the fulfillment of the catering request.