

**CITY OF BAKER SCHOOL SYSTEM
CHILD NUTRITION PROGRAM**

SPECIAL EVENT MEAL REPORT

(PLEASE RETURN THIS FORM TO CHILD NUTRITION OFFICE)

School Name: _____

Billing Information: _____

Person Making Arrangements: _____ Phone _____

Name of Event: _____

Date of Event: _____ Time of Event: _____

List of Items requested for Event _____ Number of Meals Planned: _____

Signature of Responsible Party

Date

Cnp Manager to Submit the Following

1. Estimated total Cost of Food and/or Supplies Used for This Event \$ _____
2. (SFS – 6) Menu Worksheet
3. Daily Issue/ Withdrawal Sheet

If Employees worked additional labor hours for this special event please complete the following:

Employee's Name	Indication If Employee Is Full-Time or Substitute	Employee's Social Security Number	Hours Worked	Minutes Worked	Rate of Pay to be Completed by CNP Office

Approvals:

Principal

Date

Food Service Manager

Date

Director of Child Nutrition

Date