

**DOUGHERTY COUNTY SCHOOL SYSTEM  
Child Nutrition Services  
Special Function Request Form**

Name of Organization:	
Date of Function:	Location of Function/Room:
Time of Function (start and finish):	Number of Guests:
Type of Function (reception, luncheon, dinner, etc.)	
Contact Person and Phone Number	
Menu request - Please take into consideration any special dietary requirements, i.e. vegetarian, etc.	
Any other notable requirements necessary for your event.	
For School System Functions Only	Account Number to be Charged:

Name of Employee	Date	Time Worked		Total Hours
		From	To	

**FOR CHILD NUTRITION SERVICES USE ONLY:**

Item	Amount	Account Number
Food	\$	
Supplies	\$	
Labor	\$	
Total	\$	