

Middlesex County Magnet Schools
Activity Approval/Food Service Request

Date _____

Activity Date/Time. _____

School/Department. _____

Activity Location _____

Description of the Activity:

Justification/Purpose of the Activity including Goals and Objectives:

Food Items Requested (Attach list if necessary):

Make up of group:

Students

Parents

Dignitaries (Non-employees or Board Member)

Other _____

Board Members Attending:

Employees Required to Attend:

Food Cost\$ _____

Food Service Director

Department Head Signature

Approved _____

Denied _____

Business Administrator Signature