



MEMORANDUM

DATE: _____

TO: Hospitality Services Department
9999 (SBAB), Room 769

FROM: _____
(Requestor's Name and Title)

SUBJECT: REQUEST FOR HOSPITALITY SERVICES FOR SPECIAL FOOD ITEMS TO
BE SERVED FOR SPECIAL FUNCTIONS / MEETINGS ON A LIMITED BASIS

Please provide hospitality services for special food items to be served for the special functions / meeting(s) listed below. Each service requested must have a separate form completed. List of names of attendees must be attached to this form when submitted.

TITLE OF OFFICE: _____ LOCATION # _____

TITLE OF MEETING/FUNCTION: _____

DATE OF MEETING/FUNCTION: _____ SERVICE DELIVERY TIME: _____

MEETING/FUNCTION STARTING TIME: _____

MEETING ROOM NUMBER: _____ NUMBER OF ATTENDEES: _____

CONTACT PERSON(S): _____ Ext/Fax: _____

Please indicate or CIRCLE type of service requested below:

Continental Breakfast: Coffee Tea Bags Bottled Water Muffins Mini Croissants
Orange Juice Café Con Leche Colada Fruit Tray

Entrée Breakfast: _____

Lunch: Coffee Iced Tea Bottled Water Assorted Sandwiches Cookies

Lunch Entrée if available: _____

Afternoon Snack: Coffee Iced Tea Bottled Water Assorted Sandwiches Cookies

Dinner Entrée if available: _____

REQUESTED BY: _____
(Signature & Title)

APPROVED BY: _____
(Chief Operating Officer Signature or Designee Signature)

Please submit form 48 hours prior to scheduling meeting in order to ensure service. These services can only be provided to a minimum of 10 persons. Hospitality Services reserves the right to modify the request for service as needed to stay within the State Board of Education Rule 6A-1.0143 and Miami-Dade County School Board By Law & Policy #6685. For further information, contact the Hospitality Services Department at 305-995-1363.