

## WCCUSD FOOD SERVICES DEPARTMENT REQUEST FOR ADDITIONAL SERVICES

750 Bissell Ave, Richmond, CA 94801 Phone: (510) 307-4580 • Fax: (510) 233-1805

<b>Internal Use Only</b>
Received:
Confirmed:
Invoice #:

Please submit your request two weeks in advance of the event to Suzanne Velasquez by email: svelasquez@wccusd.net

SERVICE INFORMATION	DELIVERY INFO	DELIVERY INFORMATION		
Service Date:	Location:			
Service Start Time:	Address:			
Service End Time:				
Type of Service:	On-site Setup Location:			
Department/School:	On-site Contact			
Requested By:	Person:			
Contact #:	On-site Mobile #:			
Email:				
ORDER DETAILS		Internal	Internal Use Only	
No. of Meals (Breakfast, Lunch, Dir	f Meals  Type of Meal  (Breakfast, Lunch, Dinner or Other. Please use one form for each type of meal.)		Total	
Special		Delivery:		
Instructions:				
mstructions.		Total:		
* Request: Request must be submitted two weeks in advance of event. There is a 10% surcharge for requests submitted less than two weeks and a 25% surcharge for requests submitted within 48 hours.  * Cancellation: Charges will apply if you do not cancel within 48 hours of event date. Please call 510-307-4580 to cancel and follow-up with an email to Suzanne Velasquez.  * Please use one form for each Type of Meal.  * Delivery: There is a \$35.00 delivery charge for each delivery. There is a minimum order requirement for delivery; please refer to the menu.  * Pricing: Preprinted menu prices may vary due to market price fluctuation and product availability. A service fee may be applicable.  * Any event that takes place before 7:00 am or after 4:00 pm and requires staff service is subject to a fee of \$30.00/hour/staff.				
Invoice				
Total:				
Account to DEBIT:  *Use Object Code 5750				
Food Service Account to CREDIT:				
Approved for Billing By:	*Please sign at the time of request.	Date:		

Signature

Print Name