

LOS GATOS – SARATOGA UNION HIGH SCHOOL DISTRICT

REQUEST FOR LUNCHESS/COFFEE DISTRICT MEETINGS

DEPARTMENT _____ DATE _____

REQUESTED BY _____ NUMBER ATTENDING _____

DATE AND TIME NEEDED: _____ LOCATION _____

QUANTITY	ITEM	UNIT COST	TOTAL COST
# HOURS	LABOR	___ /HR	
TOTAL COST			

*10 CUP COFFEE CARAFE - \$10.00

FUND	RESOURCE	YR	OBJECT	SUB-OBJ	GOAL	FUNCTION	PROG/COST CTR	SITE	MNGR
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Authorized by:
 Principal/DC/Administrator) _____
 Cafeteria Manager _____