Food Service Department, City of Waterbury
562 Captain Neville Drive, Waterbury, CT 06705, Phone: 203-574-8035, Fax: 203-346-6110
ALL ARRANGEMENTS MUST BE MADE TWO WEEKS IN ADVANCE.

BEVERAGES:	1,100	1111021			TOTAL
COFFEE	0.60 ea			\$	
TEA	0.60 ea		-	\$	-
ASST JUICES 4 oz	0.50 ea		•	\$	-
8 oz WATER	0.50 ea			\$	-
16.9 oz WATER	0.75 ea			\$	-
SODA	1.50 ea			\$	
DESSERT:				TOTAL \$	
A VARIETY OF FRESH BAKED COOKIES	5.00 dz			\$	_
BROWNIES	7.50 dz		•	\$	_
SHEET CAKE SINGLE LAYER (40)	40.00		•	\$	_
FRUIT SALAD (Min. 40 ppl)	5.00 pp		ppl	\$	-
ASSORTED FRESH FRUIT PIECES	0.75 ea			\$	-
				TOTAL \$	-
BREAKFAST:					
CONTINENTAL BREAKFAST TRAY (Min. 10 ppl)					
FRESH MUFFINS, DANISH, BAGELS W/ CREAM CHEESE & COFFEE	5.00 pp		ppl	\$	-
RISE & SHINE (Min. 10 ppl)					
SCRAMBLED EGGS, ASSORTED MEATS, HOME FRIES, DINNER ROLLS					
& COFFEE	6.00 pp		ppl	\$	-
LUNCH AND DINNER OPTIONS:					
FINGER SANDWICH PLATTER OR WRAPS - PLEASE SPECIFY:					
TUNA SALAD, TURKEY HAM, TURKEY OR ROAST BEEF					
W/CHIPS (Min. 10 ppl)	6.50 pp		ppl	\$	-
LARGE TOSSED SALAD (NO MEAT OR CHEESE)					
W/ITALIAN DRESSING (Min. 10 ppl)	2.50 pp		ppl	\$	-
	_		_		
CHEF'S SALAD - (WITH ASSORTED MEATS AND CHEESE)					
SIDE OF 2 DRESSINGS W/BREAD & BUTTER (Min. 10 ppl)	6.50 pp		ppl	\$	-
LARGE CHEESE PIZZA	16.00 pie		pie(s)	\$	-
LARGE PIZZA WITH 1 TOPING	18.00 pie		pie(s)	\$	-
PASTA W/ MARINARA OR MEAT SAUCE-PLEASE SPECIFY:					
W/ BREAD & BUTTER (Min. 10 ppl)	8.00 pp		ppl	\$	-
PARTY PLATTER					
CUBES OF ASST. CHEESES, CUBES OF ASST. MEATS & CRACKERS					
12" PLATE	60.00 per plate		plate(s	\$	-
			• `		
FRESH DIPPER					
SEASONAL VEGETABLE TRAY W/ DIP					
12" PLATE	35.00 per plate_		plate(s	\$	-
(*12" PLATE SERVES APPROX. 15-20 PPL)					
IN ADDITION, DROP OFFS THAT TAKE PLACE AFTER 2:30 pm, OVERTI	ME CHARGES WILL APPL	Υ.			
			GRA	ND TOTAL _\$_	
Event & Payment Information Must Be Completed In Full In Or	der For Request To Be Proces	sed			
EVENT NAME & LOCATION:					
DATE OF FUNCTION REQUEST:					
CONTACT PERSON:				Approval of Funds	Signature
GRANT ACCOUNTANT NAME or PERSON RESPONSIBLE TO PAY:					
GENERAL FUND/GRANT NAME:				Print Name of Signat	ure Above
GENERAL FUND/GRANT NUMBER:		SERVING		Date of Annual	
DATE OF THE FUNCTION:		TIME		Date of Approval	

METHOD OF PAYMENT (Please specify: CASH, CHECK, or TRANSFER OF FUNDS)

ALL ARRANGEMENTS MUST BE MADE TWO WEEKS IN ADVANCE.

Send Completed Approved Form to Gina Morton gmorton@waterbury.k12.ct.us

AT YOUR REQUEST, WE CAN ACCOMMODATE ANY MENU AND WILL PRICE IT ACCORDINGLY.

^{**} CANCELLATIONS ARE ACCEPTED WITHIN 48 HOURS OF EVENT ONLY ** * FOOD SOLD TO STUDENTS MUST MEET THE CONNECTICUT HEALTHY SNACK STANDARDS *