

FOOD SERVICE SUPPLY REQUEST

Church Groups

This form is to be used for any items to be supplied by the kitchen.

TODAY'S DATE: _____

CONTACT PERSON: _____ PHONE: _____

GROUP/EVENT: _____ ACCT #: _____

**Groups without budget accounts will make payment directly to Ardmore Baptist Church through the Financial Assistant.

DATE SUPPLIES NEEDED: _____

FOOD/SUPPLY PICK-UP:

Date and Time? _____ Location? _____

FOOD OR SUPPLIES NEEDED:	QUANTITY	COST:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

A copy of this form will be sent after the event for your records. **TOTAL COST** \$ _____
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I have Read and Agree to follow the Food Service Policies of Ardmore Baptist Church. _____
(Initial)

PLEASE RETURN TO FOOD SERVICE DIRECTOR ONE WEEK IN ADVANCE OF EVENT

ARDMORE BAPTIST CHURCH
501 Miller Street
Winston-Salem, NC 27103
Phone: 725-8767