

Minnesota Department of Corrections Refreshment Request for Special Events

Date Requested: _____ Date Needed: _____ Time Needed: _____
This form must be approved and delivered to Food Service two weeks before the event is scheduled.

Event: _____ at MCF: _____

Number of persons attending event: _____ State Employees: _____ Non-State Employees: _____
 Incarcerated Persons: _____ Children: _____

Disposition: () Pickup* _____ or () Arrangements _____

Qty	Unit	Unit Price (updated annually)	Description	Extended Price
	30 cups	\$4.00	Coffee, cups, milk and sweetener	
	100 cups	\$13.25	Coffee, cups, milk and sweetener	
	4oz. portion	\$0.17	Juice – circle flavor: Orange/Apple/Assorted	
	8oz. carton	\$0.22	Milk- skim	
	each	\$0.18	Fresh Fruit	
	pitcher	<i>no charge</i>	Ice Water	
	2 gallons	\$1.50	Punch	
	Dozen	\$4.65	Bagels with cream cheese	
	dozen	\$2.25	Cookies	
	dozen	\$3.50	Muffins	
	dozen	\$4.25	Sweet Rolls/pastries	
	each	\$2.50	Bag Lunch (sandwich, chips, cookie, fruit, milk, napkin, condiments)	
	each	\$4.00	Hot Lunch Meal w/beverage (pending okay)	
	Sheet-54 pc	\$4.00	Frosted Cake: (circle flavor): White - Choc	
			<i>Includes plates/napkins/utensils as appropriate</i>	
			TOTAL	\$

Requested By: _____ Date: _____ (2 wks in adv)

Budget Manager: _____ Fin Dept. ID: _____ Date: _____

Approved By: _____ Date: _____

AWA/Designee ---- Forward approved copies to Finance and Food Service Supervisor

* Please attach a copy of approved “Request for Approval to Incur Special Expenses” form for all staff events.