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	*$6.50*	Coffee, cups, milk and sweetener	
	100 cups	*$21.75*	Coffee, cups, milk and sweetener	
	4oz. portion	*$0.22*	Juice – circle flavor: Orange/Apple/Assorted	
	8oz. carton	*$0.31*	Milk- skim	
	each	*$0.23*	Fresh Fruit	
	pitcher	*no charge*	Ice Water	
	2 gallons	*$3.00*	Punch	
	dozen	*$6.29*	Bagels with cream cheese	
	dozen	*$2.35*	2 oz. Cookies	
	dozen	*$3.75*	2 oz. Muffins	
	dozen	*$4.40*	Cinnamon Rolls/pastries	
	each	*$3.50*	Bag Lunch (sandwich, chips, cookie, fruit, milk, napkin, condiments)	
	each	*$4.00*	Hot Lunch Meal w/beverage	
	Sheet-54pc	*$8.25*	Frosted Cake: (circle flavor): White - Choc	
			Includes plates/napkins/utensils as appropriate **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.