

HCR 79 Box 9 Cuba, NM 87013

NA' NEELZHIIN JI OLTA, INC.

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KITCHEN REQUESTION

Requester's Name: _____

Request Date: _____

Grade: _____

Activity: _____

Number of Staff: _____

Number of Students: _____

Date Needed: _____

Time Needed: _____

Food Items Needed: _____

Principal Signature: _____

Date: _____

Note: All requests must be turned into the cafeteria TWO (2) WEEKS before the scheduled activity so that the appropriate food items can be ordered. The cafeteria will NOT provide the paper ware.

Date Received: _____

Received By: _____

Denied or Cancelled By: _____