Ohio | School for the Deaf
State School for the Blind

Mike DeWine, Governor
Dr. Stephanie K. Siddens, Interim Superintendent of Public Instruction
Dr. Lou Maynus, Superintendent, Ohio School for the Deaf and
Ohio State School for the Blind

OSD/OSSB TRIP AND PARTY FOOD REQUISTION FORM

- All orders to be placed at least **10 business days** in advance
- Please be as accurate as possible with quantity ***to avoid food waste***
- *Please ensure proper disposal of all food is done to keep campuses clean and sanitary.*
- Any changes need to be made at least 7 days before the function. Same day food adds will not be honored
- Cancellations can be made up to the day prior, or day of an event for emergencies

Today's Date: 09/19/2022 Staff Members Name: Dennis Williams

Event Date and Time: #Served:

Class or Organization: Ohio School for the Deaf Room:

Food Pick-up Date: Time: Person Picking up:

Beverages: **Disposable Products:** **Snacks:**

Juice – Apple	(___)	Large Plates	(___)	Fruit Snacks	(___)
Juice - Grape	(___)	Small Plates	(___)	Pretzels	( )
(Juice Orange	(___)	Cups	(__)	Baked Goldfish	(___)
Milk – White	(___)	Napkins	(___)	Cheezits	(___)
Milk – Chocolate	(___)			Graham Crackers	(__)
				Sun Chips	(___)
				Doritos	(___)

Fruits: **Paper Sack* Meals (for off-campus trips only**

Apples	(___)	Please specify sandwich type:	
Bananas	(__)	Peanut Butter	(___)
Oranges	(___)	**Subs****	(___)
Applesauce Cup	( )	Ham	(___)
Fruit Cup	(___)	Turkey	(___)
Yogurt	(___)		

***Includes: Sandwich, Chips, Fruit, Cookie, juice

Comments:_____

Date Received: _____ By Whom: _____

Administrator
approval:_____Date:_____

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