



**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 REQUISITION 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)

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|--------------------|--|
| 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: _____