



UPPER CAPE COD REGIONAL TECHNICAL SCHOOL CAFETERIA FOOD SERVICES

SUPPLY REQUEST

DATE: _____

TO: Kevin Thoma, Cafeteria

FROM: _____

ORGANIZATION: _____

PURPOSE: _____

	<u>DESCRIPTION</u>	<u>AMOUNT DUE</u>
<u>CHARGES:</u>	_____	_____
	_____	_____
	_____	_____
	TOTAL	_____

CHARGE TO: _____

ACCOUNT TO BE CHARGED: _____

Accounting Initials

APPROVED:
SUPERVISOR: _____
Department Team Supervisor / Administrator **Date**

APPROVED:
SUPERVISOR: _____
Tom Silvia, Supervisor, Service Industries **Date**

CC: Rose Crosby
Tom Silvia