

**Request for Waiver to Provide Food for Employees at Department Functions**

Requesting Facility : \_\_\_\_\_

Requested date: \_\_\_\_\_

Superintendent \_\_\_\_\_

Date of Function : \_\_\_\_\_

Purpose of Function : ( Explain the necessity of the Function)

Nature of Business : ( be specific)

Location : \_\_\_\_\_

Facility Employees: \_\_\_\_\_ Central Office Employees: \_\_\_\_\_ Other Guests: \_\_\_\_\_

Total Numbers to Attend: \_\_\_\_\_ (Attach list with names, titles, and their relationships to the business of the function)

Meals Provided :

Breakfast	_____	@	_____	Total	_____
Lunch	_____	@	_____	Total	_____
Dinner	_____	@	_____	Total	_____
Breaks	_____	@	_____	Total	_____

Total Meal Cost \_\_\_\_\_

**APPROVAL / FUNDING SECTION : (USING FACILITY FUNDS)**

Method of Payment	_____	_____	_____
	Agency #	Program	Account
	<input type="checkbox"/>	Approved	<input type="checkbox"/> Disapproved

Facility Stewards Signature: \_\_\_\_\_

Facility Superintendent Signature: \_\_\_\_\_

**APPROVAL / FUNDING SECTION : ( CENTRAL OFFICE FUNDS)**

Method of Payment	_____	_____	_____
	Agency #	Program	Account
	<input type="checkbox"/>	Approved	<input type="checkbox"/> Disapproved

Central Office Stewards Signature: \_\_\_\_\_

Deputy Commissioner Signature: \_\_\_\_\_

**APPROVAL SECTION:**

Director of Nutritional Services: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Disapproved

**FUNDING SECTION : (USING CENTRAL FOOD ACCOUNT FUNDS)**

Approved  Disapproved

Date: \_\_\_\_\_

\_\_\_\_\_  
Director of Nutritional Services Signature

**Please Forward Completed form 4312A and Menu to Office of Nutritional Services Attention Director of Nutritional Service.**

Attachment : Function Menu