

Hamilton-Fulton-Montgomery BOCES
2755 State Highway 67
Johnstown, NY 12095
FOOD SERVICE REQUISITION

* Before completing this requisition form and the attached menu selection form, please confirm with HFM BOCES that the appropriate space is available and reserved for your event. *

Organization Name: _____

Contact Name: _____

Billing Address: _____

Phone Number: _____

Fax Number: _____

*** Tax Exempt Number ***

*If no tax exempt number is entered, 8% sales tax will be added to your bill.

Please contact Chris Bush
at 518-736-4360
for room availability and/or
set-up requests.

Please contact Cindy Fratianni
at 518-736-4681 ext. 4649 for
menu assistance.

Event Information

Event Name: _____

Date of Event: _____

Start Time: _____

End Time: _____

Food Serving Time: _____

Number of Attendees: _____

Special Needs or Requests: _____

Customer Signature: _____ Date: _____

Upon completion of event, a bill will be mailed to the above address.

*** PLEASE NOTE ***

~Rates may vary if school is not in session.

~To ensure proper billing and adequate food preparation, please notify HFM BOCES with any changes in the number of attendees at least **two** days prior to the scheduled event.

~ HFM BOCES will not be held responsible for food prepared over or under the anticipated attendee count.

~ HFM BOCES cannot accommodate credit cards payments at this time.

*** OFFICE USE ONLY ***

Received By: _____

Date Received: _____

Set-Up Room #: _____

Please fax completed requisition to 518-736-2455.