FOOD REQUISITION:

EVENT DATE:	NAME OF EVENT:	BEO#
NUMBER OF GUESTS:	ON SITE CONTACT:	PH#

CHECK ONE: ____PRODUCE _____DIARY _____GROCERY _____POLUTRY/MEAT

_____SEAFOOD _____BAKERY _____OTHER(DESCRIBE)

UNIT/PACK	QUANTITY	DESCRIPTION	UNIT PRICE	CHARGE	RECIPE S#
	2 each	Plantains	.69 each	1.38	
	1 Tablespoon	Corn Oil	.08/oz	0.04	
	1 Teaspoon	Adobe	.14/oz	0.02	
	3 seconds spray	Pam Cooking Spray	.65/oz	0.05	
	4 Tablespoon	Tomato Paste	.10/oz	0.2	
	1/2 Cup	Hellman's Just 2 Good May	.12/oz	0.58	
	4 cloves	Garlic	.69 each	0.23	