

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF FOOD AND NUTRITION**

REPORT OF SPECIAL FUNCTIONS

Name of School: _____ Loc. #: _____ Date: _____ 20 _____
 Name of Function: _____ From: _____ AM To: _____ AM
 _____ PM _____ PM

COST OF FOOD (ATTACH COPY OF DETAIL TO THIS FORM)

TOTAL FOOD CHARGE: _____

COST OF LABOR

_____	PERSONS	X	_____	HOURS	X	_____	\$	_____	PER HOUR	\$	_____
_____	PERSONS	X	_____	HOURS	X	_____	\$	_____	PER HOUR	\$	_____
_____	PERSONS	X	_____	HOURS	X	_____	\$	_____	PER HOUR	\$	_____
_____	PERSONS	X	_____	HOURS	X	_____	\$	_____	PER HOUR	\$	_____
_____	PERSONS	X	_____	HOURS	X	_____	\$	_____	PER HOUR	\$	_____
_____	PERSONS	X	_____	HOURS	X	_____	\$	_____	PER HOUR	\$	_____

PAYROLL SUPPORT COST (25%) \$ _____

TOTAL LABOR CHARGE: _____

COST OF SUPPLIES (CUPS, PAPER, GOODS, ETC.)

Description	Unit	Qty.	Cost		Total
				\$	
				\$	
				\$	

TOTAL SUPPLY CHARGE: _____

MISCELLANEOUS COST (ICE, ETC.)

Description	Unit	Qty.	Cost		Total
				\$	
				\$	
				\$	

TOTAL MISCELLANEOUS CHARGE: _____

TOTAL AMOUNT CHARGED (ON REGISTER) _____

IF MONEY IS NOT RECEIVED AT THE END OF THE REPORTING PERIOD, SEND A COPY OF THE SPECIAL FUNCTIONS REPORT TO FOOD SERVICE ACCOUNTING, WHICH SHOWS OUTSTANDING CHARGE.

SIGNATURE OF MANAGER/SATELLITE ASSISTANT