

**DICKINSON INDEPENDENT SCHOOL DISTRICT
FOOD & NUTRITION SERVICES**

Judy I. Lee, Director

2012-13 CATERING EVENT ORDER FORM
(Form must be completed for catering event even if you call)

***PLEASE ALLOW Five [5] WORKING DAYS FOR ALL FOOD REQUESTS!**

Date: _____ Campus: _____

Requested By: _____

Name of Event: _____

Number of People to be Served: _____ Budget for Event: _____

Name of Department/Organization: _____

Bill To: _____

Date of Event: _____ Time: _____

Location of Event: _____

Contact Person: _____ **Contact Telephone:** _____

E-mail: _____

DISD Account Number to be Charged: _____

Signature of Person Submitting Request

Date

Title of Person making Request _____

FNS Contacts

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