


CATERING REQUEST/INVOICE 2020/2021

Please submit request 3 weeks prior to event

VISIT US AT www.ESDChildNutrition.com FOR MORE INFORMATION AND TO ACCESS OUR ONLINE CATERING FORM AND BROCHURE

Date of Event:		Time of Event:	
Site & Location of Event:		Purpose of Event:	
Person Requesting:		Authorized Signature:	
<input type="radio"/> Please send me an invoice for billing		<input type="radio"/> Please bill the following budget code:	

MENU ITEM	TYPE <small>(Please specify)</small>	QTY (gal., doz., cup, ea...)	PER PERSON COUNT	TOTAL COST <small>(CN Office Only)</small>	SPECIAL INSTRUCTIONS: (list color scheme or theme if choosing service ware other than white....*additional charges incurred)																		
Coffee																							
Hot Cocoa																							
Juice																							
Lemonade/Punch																							
Milk																							
Tea (Hot or Iced)																							
Water																							
					<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #cccccc;">FOOD SERVICE COST BREAKDOWN</th> </tr> <tr> <td></td> <td style="text-align: center;">AMOUNT</td> </tr> </thead> <tbody> <tr><td>FOOD:</td><td></td></tr> <tr><td>SUPPLIES*:</td><td></td></tr> <tr><td>LABOR:</td><td></td></tr> <tr><td>HANDLING:</td><td></td></tr> <tr><td>DELIVERY:</td><td></td></tr> <tr><td>SUBTOTAL:</td><td></td></tr> <tr><td>TAX*:</td><td></td></tr> </tbody> </table>	FOOD SERVICE COST BREAKDOWN			AMOUNT	FOOD:		SUPPLIES*:		LABOR:		HANDLING:		DELIVERY:		SUBTOTAL:		TAX*:	
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					INVOICE #:																		
CHILD NUTRITION BILLING INFORMATION																							
Invoice Date:		Interfund																					
2nd Notice:		Transfer Date:																					
Cash:		Cash/Check																					
Check #:		Deposit Date:																					
Received By:		Deposited By:																					

Date received by Child Nutrition: _____