

# LUSD Catering Form

**NUTRITION  
SERVICES**



## Event Information

Event Name

Contact Person

Phone Number

Location

Room

Date

Time

Number of People

Set Up Time

Clean Up Time

## Billing Information

Person to be Billed

School/Department

Account Code

Menu Items Ordered

Additional Requests

Office Use Only

Estimated Cost

Order Date

Order Number

Billed Amount

Cash/Check

Fund Transfer

Processor

Please e-mail completed form to Sheila Webb (swebb@lodiUSD.net)