

**FOOD AND NUTRITION SERVICES
MOUNTAIN VIEW LOS ALTOS HIGH SCHOOL DISTRICT
650 940-4646 OR 960-8840
CATERING REQUEST**

Date of Event _____ Location _____

Ordered By _____

Set Up Time _____ Bill To _____

Acct Number _____

ACCOUNT NUMBER IS NEEDED TO PLACE ORDER. CONFIRM ORDER 2 DAYS PRIOR

MENU (check appropriate item)

Coffee ()
Service

Continental ()
Breakfast

Special ()
Request

Box ()
Lunch

Luncheon ()

TABLE DIAGRAM AND SET UP

SPECIAL INSTRUCTIONS	

SIGNATURE CAFETERIA PERSON _____