

Catering Connection



Request for Catering Service

All requests MUST be submitted to Food Services TWO WEEKS BEFORE the planned event.

Date of Request	Date of Function	
Name of Person Requesting Catering Service	Time of Function	
Telephone Number	Set-up By (Time)	
Type of Meeting: Inservice, Training, Teacher or Administration Meeting	Number of People to be Served	
Principal or Department Head Signature	Location of Function (Site and Room #)	
Budget Code		
Menu Requested	Table Set-up (Please describe)	Custodian notified _____ (Date) by _____ (Signature)
_____	_____	
_____	_____	Estimated Cost \$ _____ Any changes to the original order will invalidate the estimate.
_____	_____	
_____	Type of service: Buffet _____	Food/Supplies \$ _____
_____	Table _____	Equipment \$ _____
_____	_____	Tax \$ _____
_____	_____	Delivery \$ _____
_____	_____	Labor \$ _____
Check here if vegetarian foods are needed <input type="checkbox"/>	_____	Total Due \$ _____

Do not write below this line – Food Service Use Only

- | | | | |
|-------------------------|------------------------|-----------------------------------|-----------------------|
| _____ Regular Coffee | _____ Ice | _____ Fresh Fruit | _____ Cold Cups |
| _____ Decaf Coffee | _____ Butter/Margarine | _____ Chips | _____ Coffee Cups |
| _____ Hot Water for Tea | _____ Salt/Pepper Pkts | _____ Serving Spoons | _____ Coffee Stirrers |
| _____ Tea Bags | _____ Sugar | _____ Plastic Knives/Forks/Spoons | _____ Tongs |
| _____ Iced Tea | _____ Sweet & Low | _____ Plates 9" | _____ |
| _____ Regular Soda | _____ Creamers | _____ Plates 6" | _____ |
| _____ Diet Soda | _____ Salad Dressing | _____ Napkins | _____ |
| _____ Punch | _____ Rolls | _____ Table Cloths | _____ |
| _____ | _____ | _____ | _____ |

Function assigned to _____ (school site)	Food Cost
Food Service Employees Assigned	_____
Position Hours Rate Cost Site	_____
_____	_____
_____	_____
_____	_____
Total Cost	Total _____