

CATERING ORDER INVOICE # _____

Food and Nutrition Services
Portage Township Schools

DATE: _____

6270 US HWY 6 Potage, IN 46368
Phone 219-764-6268
Susan Guerrero, Assistant Food Service Director
Susan.guerrero@portage.k12.in.us

TO:

PREPARED BY	EVENT	LOCATION	DATE OF EVENT	NUMBER OF PEOPLE	P.O. NUMBER	FACILITY CONTRACT

QTY	ITEM	DESCRIPTION	UNIT PRICE		LINE TOTAL
SPECIAL INSTRUCTIONS:				SUBTOTAL	

THANK YOU FOR SUPPORTING OUR CHILD NUTRITION PROGRAMS!

