Poway Unified School District
Campus Catering Request Form

Complete this form (make a copy for yourself if desired) and submit to the Food and Nutrition Supervisor for your school site. The Supervisor will promptly respond to your request in regards to cost and feasibility. Any missing information will delay processing of your request.

***** Please place your order at least two weeks prior to your event. *****

ORDERED BY:

Person Ordering/Contact Person: _____ Telephone No: _____
School/Department: _____ Date: _____

ORDERED FROM:
Please indicate the Food and Nutrition Production Kitchen responsible for catering your event (normally located closest to your school/event).

☐ **DNHS** ☐ **MBMS** ☐ **MCHS** ☐ **PHS** ☐ **RBHS** ☐ **WHS**

BILLING INFORMATION
To Be Paid By: (check one)

☐ Budget Transfer (provide code to Finance Department with invoice) ☐ Check

☐ Other (specify) _____

Name/Contact Person: _____ Telephone Number: _____
Organization/Activity: _____ Fax Number: _____
School/Department: _____ Email Address: _____

EVENT INFORMATION:
Name of Event: _____ Estimated Count: _____
Location of Event: _____ Final Count: _____
Date of Event: _____ End Time: _____
Set-Up Time: _____

Adult Event? ☐ YES

CATERING ITEMS ORDERED:

Description of Food and/or Supply Item	Quantity	Unit Price	Total Price
		Sub Total	
		Sales Tax	
		Delivery	
		Total Cost	

Please include any special instructions:

_____
_____
_____

_____ _____
Signature of Person Requesting Date Signed

_____ _____
Signature of Food and Nutrition Supervisor Date Approved