

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		Number of People to be Served
Principal or Department Head Signature		Location of Function (Site and Room #) Service Center
Budget Code		Room #
Menu Requested	Table Set-up (Please describe)	Custodian notified _____ (Date)
HOTM Appetizers (10) _____	_____	by _____ (Signature)
Salad _____	_____	Estimated Cost \$ _____ Any changes to the original order will invalidate the estimate.
Spa Water _____	_____	
_____	Type of service: Buffet <input checked="" type="checkbox"/> _____	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

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

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

