



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

Signature of Food and Nutrition Supervisor

Date Signed

Date Approved