

CATERING REQUEST FORM

To request catering at an event please complete & submit this form to:
School Lunch Office at least **5 Business days** prior to the scheduled event.

Date submitted: _____

Person responsible for this request:

NAME: _____ **Title:** _____

CATERING INFORMATION NECESSARY:

Date of event: _____ **Time:** _____

of People you are requesting food/beverages for: _____

Location of event: _____

Food/Beverage items requested:

Budget Code/Purchase Order #:

Additional Comments: _____

Person (include address) to be billed for catering:

If you do not receive this form back with the bottom section complete, please contact the School Nutrition Office to assure your request has been received.

Date request received in office: _____.

We can _____ cannot _____ cater your event as requested.

COMMENTS: _____

