CATERING REQUEST

BILLING

SCHOOL/UNIT:_____New Trier_____

PERSON REQUESTING CATERING:_____

SUBMIT INVOICE TO:_____

DATE OF REQUEST: __ _____

Type of Event:_____

Date of Event:_____ **Location of Event:**_____

Start Time of Event:_____ **Anticipated End Time:**____

Guaranteed Number of People:_____ **(Must be confirmed 1 week prior to event.)**

EVENT SPECIFICATIONS:

CHINA/GLASS: ☐**Yes** ☐**No**

LINEN RENTAL: ☐**Yes** ☐**No**

MENU:_____

Price: _____

Approval from School Authority:_____
(This approval guarantees payment within 30 days.) **Signature**

Approval from Quest Food Management:_____
Signature

Unit Mgr must contact District Manager on all Large Events.