

CATERING REQUEST



BILLING

SCHOOL/UNIT: _____

PERSON REQUESTING CATERING: _____

ACCOUNT CODE TO BILL: _____

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