



CATERING REQUEST

No. _____

Send completed form by email to: Elizabeth Terrel at terrele@billingschsols.org with copies to: Christopher Smith at smithc@billingschsols.org and Signed copy through inter-school mail to Elizabeth Terrel at food Service office, in order to have catering requests filled.

General Budget Acct: (ALL 18 digits) If out of district please place an X in the box	
Name and mailing address of person who will pay the invoice.	

(All boxes must be filled out)	
Event Name:	
Date of Event: <small>(If catering is needed for one or more days, please make a separate request for each event date.)</small>	
Number of Guests:	
Organization:	
Location:	

Food/Buffer Setup Directions:									
Contact Person:									
Phone Number:									
Person Placing Order:									
Setup Time:									
Service Time:									
Breakdown Time:									
Service Ware:	China	<input type="checkbox"/>	Paper	<input type="checkbox"/>					
Extra Table Cloths:	Yes	<input type="checkbox"/>	No	_____	No	<input type="checkbox"/>			
Water Service:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Fruit in Water	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SPECIAL NEEDS:

MENU: (When ordering combinations, please be item specific on the combination items you are requesting.)

QUANTITY	ITEM	COST
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL	\$

SIGNATURE _____ DATE _____