



CATERING REQUEST

No. _____

Send completed form by email to Elizabeth Terrel at terrele@billingschools.org. Please send a Signed copy through inter-school mail to Elizabeth Terrel at the 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:

(If catering is needed for one or more days, please make a separate request for each event date.)

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

Paper

Extra Table Cloths:

Yes

No. _____

No

Water Service:

No

Yes

Fruit in Water

Yes

No

SPECIAL NEEDS:

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

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

SIGNATURE _____ DATE _____