



Catering Request

**Note: Please submit orders at least 48 hours in advance of the event.
Cancellations must be received at least 24 hours in advance of the event.**

Requestor's Name: _____ Phone Ext. _____

Building _____ Room Number _____

Date of Service: _____ Time of Service _____ Number of People _____

Meeting Description: _____

Budget code to be charged: _____

Beverages

Food

_____ Regular Coffee

Breakfast Pastries: _____ Muffins _____ Danish _____ Donuts

_____ Decaffeinated Coffee

_____ Bagels

_____ Tea

_____ Large Rolls

_____ Hot Chocolate

_____ Sliced Fruit

_____ Bottled Water

_____ Whole fruit

_____ Juice

_____ Assorted Breakfast Pastries

_____ Seltzer

_____ Assorted Sandwiches

_____ Other

_____ Tossed Salad

_____ Assorted Wraps

Special Instructions:

Signature: _____

Date: _____

Please email form to foodservice@mamkschools.org. Thank you.