

**CEDAR HILL ISD
EVENT CATERING FORM AND
CREDIT CARD CHECK OUT SHEET**

Catering: Date of Event: _____ Number of: Staff _____ Students _____ Other _____

Time of Event: _____ During school hours: Yes _____ No _____

Type of Exemption: _____

If no exemption claimed attach email from Child Nutrition authorizing serving food to students.

Purpose and Event Location: _____

Menu: _____

If the cost per person is being spread over multiple requisitions please list all requisitions associated with this cost below.

1) PO # _____ Vendor: _____ Credit card: Y ___ N ___ Amt _____

2) PO# _____ Vendor: _____ Credit card: Y ___ N ___ Amt _____

3) PO# _____ Vendor: _____ Credit card: Y ___ N ___ Amt _____

Approximate cost per person: _____ Total cost for event: _____

Credit Card: Checked out to: _____

Vendor Card will be used for: _____

Summary of items to be purchased: _____

Date card needed: _____

By signing this form you agree that the purchase is strictly for CHISD business only.

Employee Signature

BEFORE ANY ITEMS ARE PURCHASED...THIS FORM, MUST BE COMPLETED, SIGNED AND ATTACHED TO THE REQUISITION IN SKYWARD

CREDIT CARD MUST BE RETURNED IN PERSON TO THE BUSINESS OFFICE WITHIN 24 HOURS OF CHECK OUT DATE.