



Lake Worth ISD

Child Nutrition Department

Catering Request Form

Customer Name _____

Contact: _____

Campus/Organization _____

Phone Number (____) _____ - _____

Fax Number (____) _____ - _____

Event Date _____

Event Time _____ AM / PM

Event Location _____

Number Attending _____

School Business Purpose _____

Special Instructions / Comments:

Requester's Signature _____

Date _____

Budget Code _____

Approval _____
(Principal / Department Head Signature)

# of Item Requested	Description	Amount per Serving	Sub Total
			\$
			\$
			\$
			\$
		Total Due	\$

Child Nutrition Office Use Only

Assigned to _____ Child Nutrition Director Approval _____ Date _____

Date Order Received _____ via Fax Phone Mail Other (_____)

Received by _____ Notes _____

Date Invoice Created _____ Invoice No. _____ JE# _____ Date _____