

CLASSROOM CATERING REQUEST



BILLING

CAMPUS: _____

STUDENT REQUESTING CATERING: _____

STUDENT ID NUMBER: _____

STUDENT PHONE NUMBER: _____

METHOD OF PAYMENT (CASH OR ID): _____

DATE OF REQUEST: _____

Type of Event (Advisory, Club Meeting): _____

Date of Event: _____ Location of Event (Room #): _____

Pick Up Time (Must Be Between 7 AM – 8:05 AM DAY OF EVENT): _____

Guaranteed Number of People: _____

MENU

When ordering, please specify quantity for each item and circle your specific selection.
(For example, 6 Donuts, 10 Bottled Water, 2 Orange Juice)

___ Assorted Donuts	\$2.00 Each
___ Cinnamon Rolls/ Apple Fritters	\$3.00 Each
___ Fresh Baked Scones	\$2.00 Each
___ Muffins	\$2.25 Each
___ Bagels and Cream Cheese	\$2.50 Each
___ Whole Fruit (Apples, Bananas, Oranges)	\$1.00 Each
___ Breakfast Sandwiches with Egg and Cheese	\$3.50 Each
___ Breakfast Sandwich with Egg, Cheese, Bacon or Sausage	\$4.50 Each

Beverages

___ Orange, Apple or Cranberry Juice	\$2.55 Each
___ Bottled Water	\$1.50 Each
___ Soda (Cans) Coke, Diet Coke, Sprite, Bubly	\$1.75 Each
___ Milk Chugs (Chocolate or White)	\$2.25 Each

Price: _____

Payments must be received at time of pick up.

Please email order to dedens@questfms.com NO LATER than 10 am Wednesday before the event.

Student Signature: _____

Manager Signature: _____