Fabens Independent School District
Child Nutrition Services
Catering Request

INSTRUCTIONS

1. **Complete all items. (Do not leave any blanks) DUE TO PURCHASING CONTRAINTS, CNS MUST HAVE A 2-WEEK ADVANCE NOTICE BEFORE THE EVENT. CATERING IS NOT GUARANTEED ON LATE REQUISITIONS.**
2. **Submit catering quote request to the Cafeteria Manager or Child Nutrition Director for pricing.**
3. **When pricing is accepted, submit a Purchase Order request and submit a copy to CNS. PO must be provided to process requests.**
4. **Once catering has been completed, an invoice will be submitted for payment within 5 days to Accounts Payable (referencing assigned PO)**
5. **Please have a serving table available for catering set-up at the service site.**
6. **CNS requires a minimum of (3) three working days' notice when cancelling any event. If cancellation does not meet this deadline, a 40% restocking fee will be charged to the pertinent department.**

DATE OF REQUEST: _____

Vendor Name: Fabens ISD Food Svc. Catering
Vendor ID: ___4____

CAMPUS/LOCATION OF EVENT: _____

DEPT: _____

DATE OF SERVICE: _____

TIME: _____

CONTACT PERSON: _____

PHONE # _____

 # OF MEALS _____

MENU:

_____

_____

_____

_____

_____

_____

Estimated Cost Per Person $: _____

Total Cost $: _____

* Final cost includes the total cost of labor and supplies.

SPECIAL INSTRUCTIONS:

_____

_____

_____

_____

Administrator signature: _____ Date: _____

APPROVAL

Assigned Cafeteria Manager: _____ Date: _____

Child Nutrition Director: _____ Date: _____