CSISD CHILD NUTRITION SERVICES

Catering Request Form

We request a week's notice on all catering orders

Complete Ordering form. Fax to 979-764-5585 or email to Kebrown@csisd.org

Organization/Campus:_____ **Date Ordered:** _____

Ordered By: _____ Phone: _____

Ordered for: _____ Date of Event: _____

Location: _____ Day of Week: _____

_____ Number in Group: _____

To be Delivered: _____ Delivery Time: _____

Name of Pick Up Person: _____ Pick up Time: _____

Food & Beverage Requested

	Item	Quantity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Paper Supplies Requested

	Item		Quantity
1	Plates 6" or 9" (Circle size needed}	Yes No	_____
2	Napkins	Yes No	_____
3	Flatware	Yes No	_____
4	Cups (come with Tea & Coffee)	Yes No	_____

Note: A $10 service charge is added on all catering orders less than $30

Outside Organization/Group Mailing Address

Name:		Phone:		
Mailing Address:		City:	State:	Zip Code:

CSISD School Organizations must complete this section.

Charge to School Fund Code:

Budget Code: __ __ __-__-__ __-__ __-__ __ __-__ __-__-__ __-__ ___ __ __ $_____

Authorized by (Organization Sponsor) _____

Credit to Child Nutriton Fund:

Budget Code: 240-____-00- CA - - 00-0-00-5751 $_____

Authorized by (CNS Director) _____