



# CATERING REQUEST

No.

Send completed form by email to: Elizabeth Terrel at [terrele@billingschsols.org](mailto:terrele@billingschsols.org) with copies to: Christopher Smith at [smithc@billingschsols.org](mailto:smithc@billingschsols.org) and Signed copy through inter-school mail to Elizabeth Terrel at food Service office, in order to have catering requests filled.

General Budget Acct: (ALL 18 digits) If out of district please place an X in the box	XXXXXXXXXXXXXXXXXXXX
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Name and mailing address of person who will pay the invoice.	
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(All boxes must be filled out)

Event Name:	
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Date of Event:	
(If catering is needed for one or more days, please make a separate request for each event date.)	

Number of Guests:	
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Organization:	
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Location:	
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### Food/Buffer Setup Directions:

Contact Person:	l
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Phone Number:	
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Person Placing Order:	
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Setup Time:	.
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Service Time:	
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Breakdown Time:	g
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Service Ware:	China		Paper	
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Extra Table Cloths:	Yes	No.	No	
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Water Service:	No		Yes		Fruit in Water	Yes		No	
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SPECIAL NEEDS:

MENU: (When ordering combinations, please be item specific on the combination items you are requesting.)

QUANTITY	ITEM	COST
100	Iced Tea	\$

	Lemons, Sugars ect	\$	
140 each	Soda	\$	
		\$	
		\$	
		\$	
	<b>TOTAL</b>	\$	

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_