



Cafeteria Invoice

***A two-week notice is needed**

Event: _____ **Date:** _____ **Total Attendance:** _____
Location: _____ **Start Time:** _____ **End Time:** _____
Contact Person: _____ **Email:** _____ **Phone:** _____

Type of Request: (Mark each box; if other, please specify)

A. Purchasing <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other: _____	B. Preparing Food/Drink <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other: _____	C. Serving <input type="checkbox"/> Cafeteria (+ \$0.50 person) <input type="checkbox"/> Other: _____
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Menu Packages:

Fiesta Plate \$5 - 1 choice; \$6 - 2 choice <i>*Red Rice, Cucumber/Potato Salad, Pineapple</i> <input type="checkbox"/> Ribs <input type="checkbox"/> Chicken <input type="checkbox"/> Fish Italian Plate \$5 <i>*Caesar Salad, Garlic Roll/Bread</i> <input type="checkbox"/> Spaghetti <input type="checkbox"/> Lasagna <input type="checkbox"/> Tortellini	Pot Roast Plate \$6 <i>*Mashed Potato & Gravy, Green Beans, Roll</i> <input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Turkey <input type="checkbox"/> Breakfast Plate \$5 <i>*Fried Rice, Bacon, Sausage, Egg Choice:</i> _____ <input type="checkbox"/> French toast <input type="checkbox"/> Pancake <input type="checkbox"/> Biscuits & Gravy
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A La Carte and Tray Options:

<input type="checkbox"/> White Rice (for 50).....\$50 <input type="checkbox"/> Fried Rice (for 50).....\$100 <input type="checkbox"/> Choc. Chip Cookies (2dz.).....\$25 <input type="checkbox"/> Assorted Cookies (2dz.).....\$25	<input type="checkbox"/> Ice Cream (for 30).....\$15 <input type="checkbox"/> Donuts (1dz.).....\$10 <input type="checkbox"/> Fruit Tray (for 25).....\$50 <input type="checkbox"/> Veggie Tray (for 25).....\$50	<input type="checkbox"/> Potato Salad (for 25).....\$25 <input type="checkbox"/> Green Salad (for 25).....\$25 <input type="checkbox"/> Cucumber Salad (for 25).....\$25 <input type="checkbox"/> Chips and Salsa (for 25).....\$25
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Drinks: (comes in 5.25gallon black cambro dispenser or 10gallon orange sports cooler for water, Nestea, and lemonade)

<input type="checkbox"/> Water \$5	<input type="checkbox"/> Nestea \$10	<input type="checkbox"/> Lemonade \$10	<input type="checkbox"/> Canned/Bottled \$15/cs
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Supplies: (100 pieces)

<input type="checkbox"/> Cups (6oz or 8oz).....\$10	<input type="checkbox"/> Dessert Plates.....\$10	<input type="checkbox"/> Napkins.....\$5
<input type="checkbox"/> Dinner Plates.....\$10	<input type="checkbox"/> Forks/Spoons/Knives.....\$10	

Comments: _____

BILLING DETAILS

Department to be billed: _____ GL Acct #: _____
 Director's Signature: _____ Print Name: _____ Date: _____

Cafeteria Use Only

Total Number Prepared For: _____

**If you have a budgeted amount per person, please make note of the amount here*