

Event:	Date:		Total Attendance:
Location:	Start Time: _		End Time:
Contact Person:			Phone:
Type of Request: (Mark each box; if other, pleas			
A. Purchasing	B Preparing Food/	Drink	C. Serving
☐ Cafeteria	☐ Cafeteria		☐ Cafeteria (+ \$0.50 person)
Other:	Other:		Other:
Menu Packages			
Fiesta Plate \$6 - 1 choice; \$7 - 2 choice		Pot Roast Plate \$7	
*Red Rice, Cucumber/Potato Salad, Pinea	apple		Gravy, Green Beans, Roll
Ribs Chicken Fish		☐ Beef ☐ Pork	Li Turkey
Italian Plate \$6 *Caesar Salad, Garlic Roll/Bread	Breakfast Plate \$6 *Fried Rice, Bacon,		, Sausage, Egg Choice:
☐ Spaghetti ☐ Lasagna ☐ Chicken Al			☐ Pancake ☐ Biscuits & Gravy
A La Carte and Tray Options:		0) 007	□ D. () .
☐ White Rice (for 50)	☐ Ice Cream (for 3	,	☐ Potato Salad (for 25) \$30
☐ Fried Rice (for 50)	☐ Donuts (1dz.)		Green Salad (for 25) \$30
☐ Choc. Chip Cookies (2dz.) \$30 ☐ Assorted Cookies (2 dz.) \$35	☐ Fruit Tray (for 25☐ Veggie Tray (for		☐ Cucumber Salad (for 25) \$30 ☐ Chips and Salsa (for 25) \$30
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Drinks: (comes in 5.25 gallon black cambro disp	enser or 10 gallon orange spor	ts cooler for water, Nestea	<u> </u>
☐ Water \$5 ☐ Nest	ea \$10	Lemonade \$1	10 Canned/Bottled \$15/cs
Supplies: (100 pieces)			
☐ Cups (6oz or 8oz) \$10	Dessert Plates .	\$10	☐ Napkins
☐ Dinner plates	☐ Forks/Spoons/Ki	nives \$10	\square Grill (and gas)
Comments:			
BILLING DETAILS			
Department to be billed:			GL Acct #:
			Date:
	Cafeteria		

Total Number Prepared For: _____

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