



CATERING REQUEST FORM

No. _____

Please fill out form completely and send 1 **signed** copy through interschool mail to Sid Taylor at the Food Service office. Email a signed copy to Catering@BillingsSchools.org. Both copies are required to have catering requests filled.

General Budget Account: (ALL 18 digits)			
If out of district please place an X in the box			
Name and Mailing address of person who will pay the invoice:			
Event Information:			
Event Name:		Number of Guests:	
Date of Event: (If catering is for more than one day, please make a separate request for each event date)		Organization:	
Location:			
Food or Buffet Set Up Directions:			
Contact Person:		Phone Number:	
Email:		Alternate Contact:	
Setup Time:		Service Time:	Breakdown Time:
Service Ware:	China <input type="checkbox"/> Paper <input type="checkbox"/>		
Extra Tablecloths:	Yes <input type="checkbox"/> # _____ No <input type="checkbox"/>		
Water Service:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fruit in Water	Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Needs or Requests:			
Menu: (when ordering combinations, be specific on the combination items you are requesting)			
Quantity:	Item:	Cost Per Item:	Total Cost:
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		TOTAL:	\$

SIGNATURE _____

DATE _____