

# CATERING



# REQUISITION

☆ When placing orders please **allow a minimum of 2 weeks advance notice** ☆  
 ☆ Submit requests to Tammy at DO or to tbraun@deforestschoools.org ☆

Date Needed:	Event/Group Name:
Time Needed:	Contact Person:
Building:	Phone Number:
Event Room:	Please select one: <input type="checkbox"/> Full Service Needed <input type="checkbox"/> Self setup & cleanup Labor Cost - Each FS Staff - of food & supplies \$15/ hour
From Account #:	
To Account #:      50R800 251 257252 000	

Menu Item Request	Order Quantity		

**Special Instructions:**

*\*Please indicate total amount of guests expected when placing requests.*

**Note:** All equipment & supplies must be returned to the designated kitchen. A fee will be assessed for items not returned.

**Authorizing Signature:** \_\_\_\_\_

*Foodservice to complete:*

Prep Kitchen:	Staff:			
Pickup by:	Hours:			