

Catering Order Form

Requested by: _____	Bill to:
Location of Function: _____	Date of Function: _____
Number Attending: _____	Internal Or External Circle one
Serving Time: _____	Type of service: Casual or Formal Circle one
Clean up Time: _____	Administrative Approval Name: Title:

MENU

Menu Selection	Price per head
Appetizer:	
Entrée:	
Dessert:	
Beverage:	
Other:	
Per Head Total:	
Function Total (# attendees x p.h. total):	

(For your convenience a Food Service Rep will fill in the prices accordingly upon confirmation)

Confirmations:

Date received in Food Service:	Food Service Rep:	Requesting Party:
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Formal Specifications:

Buffet	Served Plated
Head Table yes or no	Reception Table: yes no
Tables: round or rectangle	Table clothes: yes no color
Napkins: linen paper color	Flowers: yes no