

Date: _____ **SUHSD CAFETERIA CATERING ORDER** Order # _____

Order **must include account code** to charge and site Administrator's approval at the time of placing order. Order through the Cafeteria Manager. One catering order per form.

NAME _____ DEPT or EVENT _____ EVENT DATE _____

Account Code: _____ or Prepay by check

Time of Event _____ Place of Event _____ Pick up by Who _____ @ Time _____

Delivery Request (On site: \$10 Off Site: \$20 extra charge) To Where or: _____

How many people? _____ \$ _____

BREAKFAST: \$4.00 per person or **SPECIAL ORDER: _____ per person**

Includes items below

* List what you would like below, will be priced out after received by cafeteria.

Assorted Baked Muffins & Bagels *Special order **List order here:** Will be priced out after submitted.

Assorted Juices

Fresh Fruit \$ _____

LUNCH: \$6.00 per person **SPECIAL ORDER: _____ per person**

Assorted Sandwiches: Tuna, Turkey, & Ham n Cheese *Special order. **List detailed order here.** (Will be priced out)

Assorted Baked Chips, Cookie

Assorted Drinks \$ _____

ALA-CARTE ITEMS, Indicate Quantity in the box.

Bagel with Cream Cheese \$2 Green Side Salad \$3.50 Bottled Water \$1.00 Milk \$.50

Fresh Fruit Apple or Orange \$.75 Cut up Fruit \$2.00 per person _____

Pizza Pie Pepperoni or Cheese 8 slices \$16 Pot of Coffee \$15.00 (up to 20 people) w/cups, sugar & creamer

Other _____ \$ _____

NOTE:

TOTAL AMOUNT OF CATERING CHARGE: \$

Approvals

1. Administers approval to charge _____ Date _____

2. Cafeteria Manager _____ Date _____

3. Manager of Food Services _____ Date _____

4. Business Office Accountant _____ Date _____

Orders must be placed 2 weeks prior to event to ensure availability of catering request.