

CATERING ORDER FORM

Event Date: _____ Event Description: _____ # of People: _____

This order will be picked up. Please have this order ready by: _____ A.M.
 _____ P.M.

All catering orders are to be picked up at the Production Kitchen located at the Grand Rapids High School, 800 Conifer Drive, Grand Rapids, MN 55744 between 8:30 a.m. and 3:00 p.m., Monday through Friday. For times other than this, special arrangements can be made by calling 218-327-5771.

This order will be delivered by ISD #318's Food and Nutrition Staff. Please complete the information below:

Service Location:
 (Name & Address)

Set Up Time: _____ A.M.
 _____ P.M.
 Service Time: _____ A.M.
 _____ P.M.

Ordered By: _____ Billing Address: _____

Phone #: _____ If this is a School District chargeback, list expense code: _____

| MENU | | | | SPECIAL INSTRUCTIONS |
|--------------------|------------------|------------|-------|----------------------|
| Quantity | Item Description | Unit Price | Total | |
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| Price Quote | | | | |

For Office Use Only

Today's Date: _____
 Order Processed By: _____
 (Food Service EE)
 Invoice Date: _____ Invoice \$: _____
 Invoice #: _____ Date Paid: _____

| Form Distribution | |
|------------------------------------|--|
| <input type="radio"/> Prod Coor | <input type="radio"/> Driver |
| <input type="radio"/> Cooks Helper | <input type="radio"/> Office (<i>original</i>) |
| <input type="radio"/> Bakery | <input type="radio"/> Customer |
| <input type="radio"/> Other _____ | |