# *Catering Services Request Form*
# *Page Unified School District*

| *PO Number* |
|---|
| *Invoice Number* |

**For questions or information please call us at: (928) 608-4105**

| | | | |
|---|---|---|---|
| ***Purpose of Meeting:*** | | | |
| ***Contact:*** | | | |
| ***School:*** | | | |
| ***Telephone Number:*** | | ***Fax:*** | |
| ***Day and Date of Service:*** | | | |
| ***Host/Hostess:*** | | | |
| ***Location:*** | | | |
| ***Serving Start Time:*** | | ***Pick-Up Time:*** | 1:00pm |

***SET UP TIME:***

## *Menu*

| Qty | Description | Price | Total |
|---|---|---|---|
| | | | $ - |
| | | | $ - |
| | | | $ - |
| | | | $ - |
| | | | $ - |
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| | | | $ - |
| | | | $ - |
| | | | $ - |
| | | | $ - |
| | | | $ - |
| | | | $ - |

## *Special Requirements*

**Number of Guest:**

**Total Price** $ -

**Administrator Signature** _____ **Date** _____

**Food Service Director** _____ **Date** _____

Thank you!

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