

CLARK COUNTY SCHOOL DISTRICT FOOD SERVICE DEPARTMENT CATERING REQUEST

DEPARTMENT: _____

ORGANIZATION: _____

BILL TO

COST CENTER: _____ G/L: _____ FUND: _____

Personal Check # _____ School Check # _____

NAME OF EVENT _____

DATE OF EVENT: _____

PLACE/LOCATION _____ MP/CLASS ROOM _____

BREAKFAST: _____ LUNCH: _____ DINNER: _____

EXPECTED ATTENDANCE: _____

PERSON REQUESTING EVENT _____

ADDRESS: _____

PHONE: _____ FAX: _____

Please list the items requested for your event below. Prices are based on the amounts quoted in the Catering Menu; all prices are subject to verification by the Catering Supervisor before billing.

| Appetizer/Cold Tray | Entrée | Desserts | Drinks |
|---------------------|--------|----------|--------|
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TOTAL EXPECTED
PRICE FOR YOUR CATERED
EVENT. \$

If you have any questions regarding the menu selections, combinations or need additional information, please call the Catering Supervisor at 799-8123 ext 5108 Cell 528-2468.