

CATERING REQUEST

*In order to provide you with the best possible service,
we require a 10 day notice for catering events*

CATERING

Catering Date _____

Time Of Event _____ am pm

P.O. # _____ Bill to: _____

Name Of Function _____

Location _____

Person Requesting Catering: _____ # Of Attendees _____

Bill to: _____ P.O. # _____

Catering Requested:

Please circle one: Breakfast Lunch Snack Dinner

Food/Beverages

Requested: _____

Customer Print Name

Customer Signature

Maschio Office Use Only

Total Estimated Cost \$ _____ Today's Date _____

Food Service Manager Signature _____

***Requests which will carry throughout the school year, i.e., faculty meetings, coaches
breakfasts, etc. should be submitted by third week of September.***

Maschio's Food Services Web Site

www.maschiofood.com