

**HERMITAGE SCHOOLS NUTRITION CATERING
INVOICE FOR CAFETERIA SERVICES**

Date Received in Cafeteria: _____

Date Confirmed: _____

Confirmed with: _____

640 NORTH HERMITAGE ROAD
HERMITAGE, PA 16148
TELEPHONE: 724-981-8750 EXT. 1800
FAX: 724-347-4558

PLEASE GIVE ONE WEEK NOTICE FOR REQUEST, OR MORE FOR A LARGE EVENT

Date of Function: _____

Time of Function: _____

Place of Function: _____

Number of People: _____

Person Requesting: _____

Phone Number: _____

Budget # to Charge: _____

Date of Request: _____

Purpose of Function: _____

Items Requested (please be specific): _____

Person Requesting Signature: _____

Principal / Supervisor Signature: _____

Thank you for letting us take care of your catering needs! If you have any questions concerning this bill, please contact Marcel Caron at Ext. 1800.