

Nutrition Services
Thompson R2-J School District

Catering Order Form

Please complete the form below as thoroughly as possible.

Name of Person Placing the Order _____ Extension _____ Date _____

Description of Event _____

Date of Event _____ Time of Event _____ Location _____ Room _____

Expected Number of People _____

Notes _____

Menu Item: _____ Qty: _____

We will make every effort to accommodate any noted dietary restrictions

*We request a minimum of ten (10) **working** days notice on all catering orders to give us time to place food orders through our vendors. We will attempt to accommodate orders with less notice, but we cannot guarantee service, and there WILL BE a surcharge of **10%**.*

BILLING INFORMATION

Party to be Billed _____

Address _____ Phone _____

Purchase Order Number _____ Budget Code _____

Total Cost \$ _____

Please email completed form to

sarah.tomsic@thompsonschoools.org