

**ARAMARK EDUCATIONAL SERVICES
CATERING REQUEST**

DATE OF SERVICE _____ REQUESTOR'S NAME _____

TIME OF SERVICE _____ TELEPHONE NUMBER _____

SCHOOL _____ MEETING HOST _____

ROOM #/NAME _____ NUMBER OF PEOPLE TO BE SERVED _____

BUDGET CODE TO BE CHARGED OR PARTY RESPONSIBLE FOR PAYMENT: _____

Beverages

Food

Regular Coffee _____

Tea _____

Decaffeinated Coffee _____

Sanka _____

Hot Chocolate _____

Bottled Water _____

Assorted Juices _____

Assorted Soda _____

Other _____

Muffins _____

Bagels _____

Large rolls _____

Sliced fruit _____

Whole fruit _____

Assorted Breakfast Pastries _____

Assorted Wraps _____

Assorted Sandwiches _____

Tossed Salad _____

Other _____

Special Instructions: _____

Please note that orders should be received at least 48 hours in advance of the event. Cancellations must be received 24-hours in advance or department will be charged.

SIGNATURE _____

DATE _____