



CATERING REQUEST FORM

FOR INFORMATION CALL (610) 861 - 8135 FAX (610) 807- 5555
2 WEEKS ADVANCE NOTICE PREFERRED FOR CATERED EVENTS

Name of Event:

School/Building:

Name of Requestor:

Phone:

Email:

Bill To:

Contact Name:

Organization / Vendor Name:

Address:

Event Date:

Event Start Time

End Time

Event Location/Room:

Number of People

Menu Requested:

Special Instructions:

Signature of Requestor

Date of Signature

Budget Code

Bill to if other than Requestor

GRANTS OFFICE USE ONLY

If you are planning to pay for this request with Grant funds, you must forward this completed sheet to Jodi Frankelli in the Grants Office for her pre-approval, signature, and coding. If approved, she will then forward it to the dining services department for processing.

Jodi Frankelli's Signature

Date of Signature

Budget Code

**Please submit all payments to Dining Services at Northeast Middle School
1170 Fernwood Street, Bethlehem, PA 18018**

Please make sure all Highlighted information is filled out.

TOTAL DUE:

Revised 08/13/18

