

**Byron-Bergen Food/Beverage
Catering Request Order Form**

No

Name of Group: _____ Date of Event _____

Contact _____ Time of Event _____

Bill to _____ Location of Event _____

Request _____ Number of People _____

Amount	Food/Beverage Items	Unit Cost	Total Cost
	Coffee		
	Decaf		
	Hot Water/Tea Bags		
	4 oz. Fruit Juice		
	Bottled Water		
	Bagels w/cream		
	Pastries/Muffins/Coffee Cake		
	Cookies		
	Box Lunches		
	Catered Meal Break-Lunch		

Kitchen Person _____ Food: _____
 Labor: _____
 Budget Code _____ Total Bill: _____

Make checks payable to: **Byron-Bergen School Lunch Fund**
 Return check with **pink** copy to the Business Office.
 Please note that a 5-day notice prior to the event is preferred.