

La Joya Child Nutrition Services

Catering Request Form

Department/Campus Requesting _____

Date of Request _____

Director/Principal Approval _____

Date of Service: _____

Time: _____

Contact Person: _____

Place to be Delivered: _____

Purpose of Catering: _____

Note: All requests must be approved by the Campus/Department Administrator and Child Nutrition Director and accompanied by a purchase order. Any request lacking these items will be considered incomplete and will be returned for proper processing.

Qty.	Item Description	Qty.	Item Description
Ea	Soft Drinks, 12 oz. (specify flavor)	Lb	Snacks Per Pound (specify)
Ea	Bottled Water, ea.	Svgs	Deluxe Breakfast (specify type):
Ea	Asst. Juice, (specify size & flavor)	Doz	Breakfast Tacos (specify type):
Ea	Milk, ½ pint	Svgs	Lite Lunch Selections (specify type):
Gal	Coffee, gal.	Svgs	Classic Meal (specify type):
Gal	Hot Chocolate	ea	Tablecloth (disposable), ea.
Gal	Lemonade, Punch, or Iced Tea, gal. (specify flavor)	Doz	Dinner napkin (disposable)
Doz	Cookies (specify flavor):	Doz	Cocktail napkin (disposable)
Doz	Muffins (specify flavor):	Doz	6 in. foam plate
Doz	Cinnamon Rolls	Doz	9 in. foam plate
Doz	Assorted Mini Danish (specify flavor)	Doz	6 in. clear plate
Doz	Biscuits, <i>regular, cinnamon/raisin</i> (specify flavor)	Doz	9 in. clear plate
Doz	Kolaches, <i>sausage</i>	Doz	9 oz. clear plastic cup
Tray	Fresh Vegetable (specify size):	Doz	12 oz. translucent plastic cup
Tray	Fresh Fruit (specify size):	Doz	8 oz. foam cup
Tray	Fruit & Cheese (specify size):	Doz	10 oz. foam cup
Tray	Cheese (specify size):	Doz	Plastic Knives, Forks, or Spoons - white
Tray	Meat & Cheese (specify size):	Doz	Plastic Knives, Forks, or Spoons - clear
Tray	Sandwich (specify type & size):	Doz	Banquet packs (fork, spoon, knife, napkin)
Ea.	Assorted Cakes (specify size & flavor)		

SPECIAL REQUEST: _____

***Requests must be submitted **5** working days prior to the date needed. Classics lunch and dinner buffets must be submitted **10** working days prior to the date needed. **NO EXCEPTIONS WILL BE MADE.**

CNS Approval: _____

Date: _____