



Catering DATE _____

ORDER PREP TIME _____ Location: _____

DELIVERED BY TIME _____ **Contact Name:** _____

PICKUP TIME _____ **Phone:** _____

QTY	FOOD ITEM

Details or Special Instructions:		Conference Room 1 Admin Bldg Second Floor
		Conference Room 2 Admin Bldg Second Floor
		Conference Room 3 Admin Bldg Second Floor
		EOC Council Bldg Basement
		North Committee Rm Council Bldg Second Floor

Person to be billed: _____