



# Kirkwood School District Catering Request Form



Purchase Order No.: \_\_\_\_\_ (Must be completed to accept all requests)  
 If the request needs to be adjusted after the event is ordered, a copy of the revised Purchased Order with signature and date is required to make any changes.

Date of Event \_\_\_\_\_ Name of Event \_\_\_\_\_

Set-Up Time \_\_\_\_\_ a.m./p.m. Location of Event \_\_\_\_\_

School/Department/Group Requesting Services \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number (Include Extension) \_\_\_\_\_

Billing Address \_\_\_\_\_

Number of Attendees \_\_\_\_\_

<u>Description</u>	<u>Count</u>	<u>Unit Price</u>	<u>Extended Price</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			_____

The Food Service Department at Kirkwood School District is committed to providing the highest quality service possible. We will assist you in all your dining and catering needs. Please complete this form **at least ten business days** prior to your event. If you have any questions feel free to contact the Food Service Office at x 8512/8513 or FAX 314-213-6132. Please fax the form to 314-213-6132.

**For Food Service Office Use Only**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Call and Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_

Original P.O. Amount: \_\_\_\_\_ Final P.O. Amount: \_\_\_\_\_