

PPS Food Services Department

CATERING ORDER FORM/REQUEST FOR QUOTE

DATE:\_\_\_\_\_

NAME OF REQUESTOR:\_\_\_\_\_ PHONE #:\_\_\_\_\_

EMAIL:\_\_\_\_\_

NAME OF EVENT:\_\_\_\_\_

DATE(S) OF EVENT:\_\_\_\_\_ # OF PEOPLE\_\_\_\_\_

TIME OF EVENT:\_\_\_\_\_

LOCATION OF EVENT (BUILDING AND ROOM):\_\_\_\_\_

METHOD OF PAYMENT (cash, PO, money order, check):\_\_\_\_\_

PO # (for food service office use only):\_\_\_\_\_

(If paying through purchase order, PO # or copy of PO must be emailed FROM REQUESTOR at least one week prior to event date.

ITEMS BEING REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL REQUESTS MUST BE SUBMITTED AND CONFIRMED AT LEAST 2 WEEKS PRIOR TO EVENT DATE.

EMAIL ALL REQUESTS TO [DKTANNER@PATERSON.K12.NJ.US](mailto:DKTANNER@PATERSON.K12.NJ.US).

SPECIAL REQUESTS/INQUIRIES/EVENT DETAILS:

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\_\_\_\_\_  
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