

**DAVIS JOINT UNIFIED SCHOOL DISTRICT
CATERING REQUEST**

Request must be received two (2) weeks prior to event date.

**Complete and submit to: STUDENT NUTRITION SERVICES
1919 FIFTH STREET, DAVIS, CA 95616
TEL: (530) 759-2186 FAX: (530) 757-5321**

Please call the SNS Department Secretary if you have questions, or if time is short. Send form via fax or by email as an attachment to nutrition@djUSD.k12.ca.us

Event:			Organization/Department:
Event Date:	Day:	Meal Time:	Address:
Set-up Time:			
Location (Please be specific):			Contact Person:
No. of attendees:			Tel. No.:
Budget Code:			
Or to be paid by:			
Type of service/Please check all that apply: <input type="checkbox"/> Casual <input type="checkbox"/> Formal <input type="checkbox"/> Buffet <input type="checkbox"/> Sit-down <input type="checkbox"/> Boxed <input type="checkbox"/> Cloth napkins <input type="checkbox"/> Cloth table covers <input type="checkbox"/> China <input type="checkbox"/> Flatware <input type="checkbox"/> Paper table covers <input type="checkbox"/> Regular Disposables <input type="checkbox"/> Quality Disposables <input type="checkbox"/> Buffet Attendant <input type="checkbox"/> Others, specify _____			
Preferred Menu:			
Date of request:			

SNS only:

Catering Manager-in-charge:	Total hours _____	Prep:	Service:
Food Cost:	Supply Cost:		
CK bill submitted to SNS:	SNS Invoice #:		