

# Atlanta International School Catering Order Form and Invoice

Event Name:	Date of Service:	
Breakfast:      Yes / No	Lunch:      Yes / No	Snacks:      Yes / No
Breakfast Delivery Time:	Lunch Delivery Time:	Snack Delivery Time:
Breakfast Pick up:	Lunch Pick up:	
Number of Servings:	Number of Servings:	Number of Servings:
Cost Center:	INVOICE #:	Requested by:

QTY	Description	Cost	Total
Event			
Notes:			Total

**SPECIAL REQUESTS OR INSTRUCTIONS:**

**Please Give 48 hour Notice on all Function Requests. Thank you**

Catering Personnel Sign off: Reviewed  yes  not complete ..... Initials \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Approval Signature: \_\_\_\_\_ Date \_\_\_\_\_