

CATERING REQUEST FORM

Return this completed form to the Child Nutrition office no later than one week prior to your event. If your event is for a group larger than twenty or is a large meal, please give at least two weeks prior notice. The form should be turned in to the Child Nutrition office at 800 Eagle Drive; faxed to (940) 464-7297; or e-mailed to kfrederick@argyleisd.com. Please confirm that the department has received your request by calling (940) 464-7241 ext. 1010. Events that require Child Nutrition employees to work overtime will be billed at a rate that covers this extra expense. Upon receiving your request, Child Nutrition will issue a quote so that the requestor may submit a requisition in RSCCC. In RSCCC, please select Argyle ISD Foodservice as the vendor.

Please complete and retain a copy for your records:

Group or Committee:	
Number of People:	
Purpose of Function:	
Billed to:	
Address:	
Phone Number:	
Date of Function:	
Day of the Week of Function:	
Start Time of Function:	
Location of Function	
Food needed (snacks, sandwiches, hot meal?):	
Specific items requested:	
Other Comments:	
Signature of person ordering:	

***The requestor will be billed for any costs incurred by the Child Nutrition Department should the event be cancelled **for any reason**. This is to include time spent planning, ordering, or preparing as well as any food or material costs. The Child Nutrition Department reserves the right to refuse any catering requests due to lack of proper notification or lack of resources available on the requested date.

THANK YOU!!