CLASSROOM CATERING REQUEST



BILLING

CAMPUS:_____

STUDENT REQUESTING CATERING:_____

STUDENT ID NUMBER:_____

STUDENT PHONE NUMBER:_____

METHOD OF PAYMENT (CASH OR ID):_____

DATE OF REQUEST: _____

Type of Event (Advisery, Club Meeting):		
Date of Event: Location of Event (Room #):		
Pick Up Time (Must Be Between 7 AM – 8:05 AM DAY OF EVENT):		
Guaranteed Number of People:		

MENU

When ordering, please specify quantity for each item and circle your specific selection. (For example, 6 Donuts, 10 Bottled Water, 2 Orange Juice)

Assorted Donuts	\$2.00 Each
Cinnamon Rolls/Apple Fritters	\$3.00 Each
Fresh Baked Scones	\$2.00 Each
Muffins	\$2.25 Each
Bagels and Cream Cheese	\$2.50 Each
Whole Fruit (Apples, Bananas, Oranges)	\$1.00 Each
Breakfast Sandwiches with Egg and Cheese	\$3.50 Each
Breakfast Sandwich with Egg, Cheese, Bacon or Sausage	\$4.50 Each
Beverages	
Orange, Apple or Cranberry Juice	\$2.55 Each
Bottled Water	\$1.50 Each
Soda (Cans) Coke, Diet Coke, Sprite, Bubly	\$1.75 Each
Milk Chugs (Chocolate or White)	\$2.25 Each

Price:

Payments must be received at time of pick up.

Please email order to pia.fazio@questfms.com NO LATER than 10 am Wednesday before the event.

Student Signature:_____

Manager Signature:_____