

CLASSROOM CATERING REQUEST



BILLING

CAMPUS: _____

STUDENT REQUESTING CATERING: _____

STUDENT ID NUMBER: _____

STUDENT PHONE NUMBER: _____

METHOD OF PAYMENT (CASH, ID, CHECK): _____

DATE OF REQUEST: _____

Type of Event (Advisery) _____

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	\$1.50 Each
___ Fresh Baked Scones	\$1.50 Each
___ Muffins	\$2.00 Each
___ Bagels and Cream Cheese	\$1.75 Each
___ Whole Fruit (Apples, Bananas, Oranges)	\$0.90 Each
___ Breakfast Sandwich	\$2.30 Each
___ Breakfast Sandwich with Bacon or Sausage	\$2.75 Each
Beverages	
___ Orange, Apple or Cranberry Juice	\$2.00 Each
___ Bottled Water	\$1.00 Each
___ Soda (Cans)	\$1.50 Each
Coke, Diet Coke, Sprite, Bubly	
___ Milk Chugs (Chocolate or 2%)	\$2.00 Each

Price: _____

Please email your order to pia.fazio@questfms.com 3 days prior, but no later than 10 am the day before the event. Same day orders will not be accepted.

Student Signature: _____

Manager Signature: _____

Payments must be received at time of pick up.