## **College of the Siskiyous**

## **Catering Work Sheet**

If you have a request for catering, please fill out this form and email it to <a href="mailto:foodservices@siskiyous.edu">foodservices@siskiyous.edu</a>.

Date:		Event Date:
Department:		
Event Description:		
Time of Event:	Begins:	Ends:
Number of Attendees:		
Location:		
Special Requests:		
Special Instructions:		
Budget Account Numb	er:	_

Food:					
☐ Breakfast	☐ Lunch	☐ Dinner	☐ Snack	☐ Dessert	
Drinks:					
□ Water	$\ \square$ Infused Water	☐ Lemonade	☐ Soda (bottled)	☐ Iced Tea	
☐ Orange Juice	☐ Coffee	☐ Hot Tea	☐ Other		
Tablecloths are \$5 event.	.00 each for banquet	size. We need one	week notice to provi	de tablecloths for your	
How many tablecl	oths:				
Price per Guest:					
Total Estimate:					
Invoice Total:					
Signature (Food Se	ervices):				
Signature (Department Budget Manager):					
Signature (Vice-President, Administrative Services):					