



**North Colonie Central School District
Food Service Department
2011-2012 Catering Request**

Person or Department Requesting: _____ Date Ordered: _____

Meeting Place: _____ Date of Function: _____

Event or Meeting Title: _____ Time Required: _____

Number of People: _____ Attendees: _____
(Please attach a list of names for those who attended)

Amount Needed	Item	Price	Total
_____	Coffee, 8 oz.	.65	_____
_____	Regular and Flavored Tea	.65	_____
_____	Punch, Individual, 4 oz.	.50	_____
_____	Juice, Individual, 4 oz.	.50	_____
_____	Juice, Pitcher, Serves 5	2.25	_____
_____	Bottled Water	1.00	_____
_____	Canned Soft Drinks	1.00	_____
_____	Bagels/ Cream Cheese	1.25	_____
_____	Muffins, Assorted	1.25	_____
_____	*Small Cookie Tray	14.40	_____
_____	** Medium Cookie Tray	16.00	_____
_____	***Large Cookie Tray	20.00	_____
_____	*Small Pastry Tray	16.20	_____
_____	**Medium Pastry Tray	21.60	_____
_____	***Large Pastry Tray	27.00	_____
_____	# of people Cheese & Fresh Fruit Platter	Request Quote	_____
_____	# of people Fresh Fruit & Vegetable Platter	Request Quote	_____
	Total Cost		\$ _____

Please return this form to Shaker High Dining Room, Attention: Norma Jacobsen.
(Prices are for catering during the regular workday. Price quotes will be given for caterings needed before and after the normal working hours.)

Bill to: _____ Budget Code # _____

Signature: _____ Date: _____

No Catering is too big or small... don't see what you'd like ... create your own menu and send it to Norma. She will send you a price quote ASAP.

Office only: Order filled by: _____

- *Serves 15-20
- ** Serves 20-25
- ***Serves 30-35