



**Mercedes Independent School District
Child Nutrition Program
837 S. Ohio St. * P.O. Box 419 * Mercedes, Texas 78570
Phone : (956) 514-2037 Fax: (956) 514-2039**

Catering/Special Event Requisition Form				
Fill out a separate form for each day of an event All orders are subject to service availability for that day. NOTE: Two (2) weeks notice is required on all Catering Requests				
Name of Organization		Today's Date		Phone Number
Purpose of Function		Charge to:		Fax Number
Name of Representative		Date Needed		Number of Guests
Billing Address		Time Delivery Needed By: please include time a.m. / p.m		
Exact Location of Event (Building, school, dept..room#, etc, attach diagram of setup if needed)				
MENU				
Quantity	Item	Description	Unit Price	Total Price
			Total	\$0.00
Other instructions:				
School Administrator's Approval and Date:				
DO NOT WRITE BELOW THIS LINE FOR CHILD NUTRITION PROGRAM USE ONLY				
	Per person		Total	
Price				
Delivery Charge				
Tax (if applicable)				
Total Price				
Child Nutrition Program Director Signature & Date				

