

**CHILD NUTRITION CATERING
FORT BEND INDEPENDENT SCHOOL DISTRICT**

CONFIRMATION

INVOICE

NAME OF ORGANIZATION		DATE OF EVENT		DAY OF EVENT	
				S	M T W TH F S
FUNCTION		TIME OF EVENT		A.M.	P.M.
REPRESENTATIVE		PHONE NUMBER		GUARANTEED	
				YES	NO
LOCATION OF EVENT	ROOM #	SETUP TIME	BREAKDOWN	NUMBER OF GUESTS	
CHARGE BUDGET CODE: _				QUESTIONS CONTACT Shelita Jones 634-3610; beeper 713-720-0178	
AUTHORIZED SIGNATURE:					

NOTICE: Authorized signature is approval to process this request and to charge the budget code provided.

MENU	COST PER PERSON	\$	
Please leave all equipment at the event site. A service fee will be charged to your account for any equipment missing at the time of break down.	Number of Persons:	\$	
	Cost of Food	\$	
	Cost of Beverages:	\$	
		\$	
	Misc. Charges:	\$	
	Comments:		
<i>Regular set up</i>			
	Total Selling Price:		

NAME: _____	
For Outside Organizations Send Invoice to:	
ADDRESS: _____	
	City STATE Zip
FOR CHILD NUTRITION USE ONLY:	MAKE CHECKS PAYABLE TO & MAIL TO:
Invoice Number: _____	Child Nutrition Department, Fort Bend I.S.D.
Date: _____	Child Nutrition Dept.
Amount Due: _____	P.O. Box 1004
	Sugar Land, Texas 77487 - 1004
240 - 35- 5751- CA - 999 - ____ - 99 - 084	LIST INVOICE NUMBER ON CHECK

NOTE: This form is to be used ONLY for Child Nutrition catering functions.
 White - Accounting Green - Child Nutrition Pink - Originator Canary - CND Goldenrod - Catering

Thank You for your business. We hope to serve you again in the future.