



ALDINE INDEPENDENT SCHOOL DISTRICT
CHILD NUTRITION SERVICES

CATERING EVENT ORDER FORM

***PLEASE ALLOW TEN [10] WORKING DAYS FOR ALL FOOD REQUESTS!**

Date: _____

Campus: _____ Requested By: _____

Type of Event: _____ Number of People to be Served: _____

Name of Department/Organization: _____

Bill To: _____

Date of Event: _____ Time: _____

Location of Event: _____

Contact Person: _____ Contact Telephone: _____

E-mail: _____

Account Number to be Charged: _____

MENU / ITEM REQUESTED	QUANTITY REQUESTED

Please e-mail Lennia @ LEHolder@aldineisd.org to inform Catering Department that a FAX has been sent.

Signature of Person Submitting Request

[This form is available online at www.aldinecafe.com]

Lennia Holder, Catering Supervisor
Telephone: 281-985-6463
FAX: 281-449-1966