



## Catering Event Request Form

Name of Person Responsible for Event \_\_\_\_\_

Phone Number/Ext. \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Event \_\_\_\_\_

Location of Set Up \_\_\_\_\_

Time of Event Set Up \_\_\_\_\_

Estimated Time Event Ends \_\_\_\_\_

Number of People \_\_\_\_\_

PO Number (if applicable) \_\_\_\_\_

Special Requests \_\_\_\_\_

Would you like your event staffed? \_\_\_\_\_ How many associates? \_\_\_\_\_  
(Additional rates will apply for events requiring staff)

*Please complete catering form along with your menu at least 7 days prior to event. All information must be completed. A final guest total must be confirmed no later than 5 days before event. All confirmed events must accompany a PO for service and must be paid within the month the event took place.*

Please submit form to  
[nrodriguez@monroetwp.k12.nj.us](mailto:nrodriguez@monroetwp.k12.nj.us)  
[tsawyer@monroetwp.k12.nj.us](mailto:tsawyer@monroetwp.k12.nj.us)



## **Catering Event Invoice**

Monroe Township Schools  
700 North Tuckahoe Road  
Williamstown, NJ 08094

### ***Responsible Party:***

Contact Person:  
Building/Department:  
Description:

### ***Invoice Date***

### ***Invoice No.***

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<i>Event Date</i>	<i>Description of Services</i>	<i>Quantity</i>	<i>Rate</i>	<i>Amount</i>

*All invoices must be paid within 30 days from  
the invoice date.*

### **MUST BE COMPLETED PRIOR TO EVENT:**

**Who will pay for this event? Pick at least one:  
(You must still submit PO or Check Request)**

**Budget Account Number:**

**Student Activity Account Name:**

**Organization or Individual:**

**Total Due                      \$**

Please make checks payable to:  
**MONROE TWP BOE CAFETERIA  
ACCOUNT**

Please remit to:  
**Bonnie Biddick  
Maple Grove Admin. Bldg.  
75 E. Academy Street  
Williamstown, NJ 08094**