MATC CATERING SERVICES ORDER FORM

**Please allow a half hour to set-up and a half hour to clear catering events.

Contact Information:

Name of Client: _____ Date of Event: _____
Phone: _____ Room Reserved: _____
Email: _____ # of Guests: _____
Campus: _____ **Time of delivery: _____
Contact Person: _____ **Pick-up time: _____
Name or Type of event: _____

Table Service Information:

*Extra charge for china.

China Service [ ]
Disposable Service [ ]

Number of linens placed on individual tables. [ ]

Types of Service:

*ALL orders served buffet style.

Buffet [ ]
Boxed [ ]

PLEASE INDICATE AMOUNT NEEDED:

*All catered events are supplied with pitchers of water.

____ MILK	____ SODA	____ DIET SODA	____ PASTRIES	____ YOGURT	____ COOKIES
____ COFFEE	____ DECAF	____ BOTTLED WATER	____ MUFFINS	____ GRANOLA BARS	____ BROWNIES
____ TEA	____ ICED TEA	____ SPARKLING WATER	____ BAGELS	____ FRUIT CUPS	____ BARS
____ JUICE (Ind. Bottles)		____ PUNCH	____ CROISSANTS	____ HOT CEREAL	____ CAKES AND PIES
____ JUICE (In a Pitcher)		____ LEMONADE	____ HARD ROLLS	____ WHOLE FRUIT	

MENU SELECTIONS and SPECIAL SELECTIONS:

Qty	Description	@	Each	$X.XX
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		@		
	$20.00 Service for all catering events.	@		
	$20.00 Delivery fee to all regional campuses (Mequon, West Allis, or Oak Creek)	@		
			Grand Total:	

MATC Catering orders MUST be submitted 1/ONE week prior to event! Party's LARGER than 50 require a 3 week notice.

For questions CONTACT only: christ-a@matc.edu or matccatering@matc.edu or call 414-234-6218.

Billing Information

ACCOUNT NUMBER TO BE CHARGED: submissions WILL NOT be accepted WITHOUT an account #.

Fund	Location	Cost Center	Class	Project	Amount

ACCOUNT NUMBER TO BE CREDITED:

Fund	Location	Cost Center	Class	Project	Amount
5	60	98201		OOOOO	$

Requested by: _____
Approved by: _____
Date: _____

Date order rec'd: _____
Date confirmed: _____
Date/Amt Bill'd: $ _____