



SPRING LAKE PARK SCHOOLS

**Nutrition Service Department
Catering Service Request Form**

Email: akimme@district16.org

Fax: (763)600-5586

Phone: (763)600-5040

All catering functions require at least 7 days notice to plan staffing and place food orders.

Date/Day/Time of Event _____

Organization/Dept _____

Phonenumber/ext _____

Request by _____

Event Name _____

Location _____

Date submitted _____

Food/Beverage Request	Quantity	Unit Price	Ext Price
GRAND TOTAL			

SPECIAL INSTRUCTIONS:

Payment Method:

CASH ☐ CHECK ☐ Check # _____

TRANSFER OF FUNDS

DEBIT Code: _____ Approved by: _____

Date: _____

Nutrition Services CREDIT code: 02-000-000-707-608-000

Approved by: Amy Kimmel

Initials: _____ Date: _____