

	64 TERTAL REQUIECT /TAWOT OF	INVOICE#	1
DAY/DATE:	CATERING REQUEST/INVOICE SET UP TIME:		
LOCATION:	# EXPECTED:		
ORDERED BY:	FUNCTION:		
PHONE:	BILL TO:		
Account#			
	MENU QUANTITY	PRICE	TOTAL
			\$0.00
Please check food			\$0.00
items to the right.			\$0.00
If everything looks			\$0.00
correct, pleae fill			\$0.00
in your account			\$0.00
number above and			\$0.00
your signature			\$0.00
below and email back to the food			\$0.00
service office.			\$0.00
service office.			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
	Includes paper products, plastic ware, napkins, etc.	Total	\$0.00

PLEASE SIGN BELOW TO CONFIRM YOUR ORDER AND EMAIL TO TREMAINELLEWIS@OPSK12.ORG AND AUSTIN.JACKSON@OPSK12.ORG

A 10% FEE WILL BE CHARGED FOR CANCELATIONS LESS THAN 48HRS FROM EVENT.

Building Principal:	Finance:	Operations:
Superintendent:		

Thank you for the opportunity to serve you.