



CATERING

Please fill out this catering request form and return to NCD NCOIC (458-2820) to coordinate any catering event.

CATERING SERVICE

NUTRITION CARE DIVISION

1. You are responsible for reserving and setting up the room the event will be held in.
2. We will need exact number of servings. You will be charged for the number of servings prepared.
3. Payment must be made the working day before. If payment is made by check, make it payable to U.S. Treasury.
4. POC for Nutrition Care Division is NCOIC, 458-2820.

Date _____ Time _____

Where _____

POC & Telephone Number _____

Estimated # servings 7 days out _____

Exact # servings 3 days (working days) out _____

Tentative Menu

Meat _____

Gravy _____

Starch _____

Vegetable _____

Salad _____

Bread _____

Dessert _____

Drink _____

Cost per serving _____

Note: Nothing is definite until approved by NCOIC, NCD