

# Party Tray Order Form

Send your completed order form with your payment to your school's cafeteria **at least two weeks in advance of delivery.**

## Party Tray Package Request

*Please Print*

School:	Teacher:	Grade:
Date of Desired Delivery:	Name of Contact Person:	Contact Phone Number :

Name of Student: \_\_\_\_\_

Party Tray # _____ Choice of 3: _____ _____ _____ <p style="text-align: center;">OR</p> Pre-Packaged Item Choice _____	Number of Servings Needed:          			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 5px;"><b>Water</b> (Number Needed)</td> <td style="width: 33%; border-right: 1px solid black; padding: 5px;"><b>Juice</b> (Number Needed)</td> <td style="width: 33%; padding: 5px;"><b>Milk</b> (Number Needed)</td> </tr> </table>	<b>Water</b> (Number Needed)	<b>Juice</b> (Number Needed)	<b>Milk</b> (Number Needed)	
<b>Water</b> (Number Needed)	<b>Juice</b> (Number Needed)	<b>Milk</b> (Number Needed)		

**Total Cost:** \_\_\_\_\_  
(Number of Trays x \$15.00 per Tray)

*Do Not Mark Below Line*

\*\*\*\*\*

For Office Use Only

Date Order Received \_\_\_\_\_

Type of Payment: Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ Check # \_\_\_\_\_

Initials of Food Service Delivery Person: \_\_\_\_\_ Date/Time of Delivery: \_\_\_\_\_

Delivery Received by: \_\_\_\_\_