



**Instructions:**

This form must be presented to Food Services at least five working days in advance. It must be signed by the Executive Director prior to the order being accepted by Food Services. Items will be delivered and set up by Food Services as requested for a minimum charge. All catering supplies are to be left in the function room which will be picked up by the custodian or Food Services. If any catering supplies are missing, the program requesting food will be charged. For hot food orders, call Food Services at Rosemary Kennedy Center at (516) 396-2925.

Date Ordered \_\_\_\_\_ Department/Unit \_\_\_\_\_ Date of Function \_\_\_\_\_

Requested by \_\_\_\_\_ Bldg/Room of Function \_\_\_\_\_ Time of Function \_\_\_\_\_

Purpose of Function \_\_\_\_\_ Total Cost \_\_\_\_\_ Number of Attendees \_\_\_\_\_

Budget Code \_\_\_\_\_ Executive Director's Signature \_\_\_\_\_

Is the food for this event covered by the registration fees? \_\_\_\_\_

**BEVERAGE BREAKS**

*(Cups, sugar, milk, napkins and stirrers included.)*

Coffee \_\_\_\_\_ servings  
 Tea \_\_\_\_\_ servings  
 Decaf Coffee \_\_\_\_\_ servings  
 Milk \_\_\_\_\_ servings

**BAKED GOODS**

*(One-half roll, or half doughnut, or half bagel, etc. will constitute a 'serving' unless otherwise specified.)*

Kaiser Roll \_\_\_\_\_ servings  
 Assorted Bagels \_\_\_\_\_ servings  
 Doughnuts \_\_\_\_\_ servings  
 Large Danish \_\_\_\_\_ servings  
 Mini Danish (whole) \_\_\_\_\_ servings  
 Cream Cheese/Butter \_\_\_\_\_ servings  
 Other \_\_\_\_\_

**LUNCHEON – Assorted Wraps/Sandwiches**

Sandwich Filling	Type of Bread	Number of Servings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SALAD**

Macaroni \_\_\_\_\_ Cole Slaw \_\_\_\_\_ Potato \_\_\_\_\_ Tossed Salad \_\_\_\_\_  
 Fruit Salad/Platter \_\_\_\_\_  
 Other \_\_\_\_\_

**BEVERAGES**

Soda (Regular) \_\_\_\_\_ Soda (Diet) \_\_\_\_\_ Coffee \_\_\_\_\_ Decaf Coffee \_\_\_\_\_ Tea \_\_\_\_\_  
 Iced Tea \_\_\_\_\_ Milk \_\_\_\_\_ Skim Milk \_\_\_\_\_ Bottled Water \_\_\_\_\_ Juice \_\_\_\_\_  
 Other \_\_\_\_\_

**SPECIAL LUNCHEONS** For \_\_\_\_\_ persons

**Meat Platter: Assorted cold cut platters – call Food Services**

**Breads**

Large Roll \_\_\_\_\_ Small Roll \_\_\_\_\_  
 White \_\_\_\_\_ Pumpernickel \_\_\_\_\_  
 Whole Wheat \_\_\_\_\_ Rye \_\_\_\_\_  
 Butter \_\_\_\_\_

**Salads**

Chicken \_\_\_\_\_ Tuna \_\_\_\_\_  
 Shrimp \_\_\_\_\_ Egg \_\_\_\_\_  
 Macaroni \_\_\_\_\_ Cole Slaw \_\_\_\_\_  
 Potato \_\_\_\_\_  
 Other \_\_\_\_\_

**Dessert**

Freshly Baked Cookies \_\_\_\_\_  
 Other \_\_\_\_\_

Please attach separate sheet with additional items if necessary. Email completed form to:

Tim Holahan at tholahan@nasboces.org & Christy Whitton at cwhitton@nasboces.org