



MATC CATERING SERVICES ORDER FORM

**Please allow a half hour to set-up and a half hour to clear catering events.

Contact Information:

Name of Client: _____	Date of Event: _____
Phone: _____	Room Reserved: _____
Email: _____	# of Guests: _____
Campus: _____	**Time of delivery: _____
Contact Person: _____	**Pick-up time: _____
Name or Type of event: _____	

Table Service Information:

*Extra charge for china.

China Service	<input type="checkbox"/>
Disposable Service	<input type="checkbox"/>

Table Linens

needed _____

Serving Staff

Accept _____
Decline _____

Types of Service:

*All orders served buffet style

Buffet	<input type="checkbox"/>
Boxed	<input type="checkbox"/>

PLEASE INDICATE THE AMOUNT OF EACH FOOD AND BEVERAGE ITEM NEEDED:

*All catered events are supplied with pitchers of water.

- | | | | | | |
|----------------------------|----------------|-----------------------|------------------|--------------------|----------------------|
| _____ MILK | _____ SODA | _____ DIET SODA | _____ PASTRIES | _____ YOGURT | _____ COOKIES |
| _____ COFFEE | _____ DECAF | _____ BOTTLED WATER | _____ MUFFINS | _____ GRANOLA BARS | _____ BROWNIES |
| _____ TEA | _____ ICED TEA | _____ SPARKLING WATER | _____ BAGELS | _____ FRUIT CUPS | _____ BARS |
| _____ JUICE (Ind. Bottles) | _____ PUNCH | _____ CROISSANTS | _____ HOT CEREAL | _____ WHOLE FRUIT | _____ CAKES AND PIES |
| _____ JUICE (In a Pitcher) | _____ LEMONADE | _____ HARD ROLLS | | | |

MENU SELECTIONS and SPECIAL SELECTIONS:

Qty	Description	@	Each	\$X.XX
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1	\$20.00 Service charge for all catering events.	@	\$20.00	\$20.00
	\$20.00 Delivery fee to all regional campuses (Mequon, West Allis, Walker's Sq., Oak Creek)	@		
Grand Total:				

MATC Catering orders must be submitted ONE week prior to event! Parties larger than 50 require a TWO week notice.

For questions CONTACT only: christ-a@matc.edu or matccatering@matc.edu or call 414-234-6218.

Billing Information

ACCOUNT NUMBER TO BE CHARGED: submissions WILL NOT be accepted WITHOUT an account #.					
Fund	Location	Cost Center	Class	Project	Amount
ACCOUNT NUMBER TO BE CREDITED:					
Fund	Location	Cost Center	Class	Project	Amount
5	60	98201		OOOOO	\$

Requested by: _____

Approved by: _____

Date: _____

Date order rec'd: _____

Date confirmed: _____

Date/Amt Bill'd: _____ \$