CEDAR HILL ISD
EVENT CATERING FORM AND
CREDIT CARD CHECK OUT SHEET

Catering: Date of Event: __6/6/13__ Number of: Staff_____ Students_____ Other____7____

Time of Event: _____6:30 pm_____ During school hours: Yes_____ No_____X_____

Type of Exemption: _____
     If no exemption claimed attach email from Child Nutrition authorizing serving food to students.

Purpose and Event Location: __Called Board Meeting/Townhall Meeting CHHS PAC_____

Menu: ____Babe's Chicken/Dessert_____

If the cost per person is being spread over multiple requisitions please list all requisitions associated with this cost below.

1) PO #__REQ 0000097759____ Vendor:____Babe's Chicken_____ Credit card: Y___ N_X_ Amt _$101.36____

2) PO#_____ Vendor:_____ Credit card: Y___ N___ Amt_____

3) PO#_____ Vendor:_____ Credit card: Y___ N___ Amt_____

Approximate cost per person: __$14.48_____ Total cost for event: __$101.36_____

Credit Card: Checked out to: _____

Purpose_____

Summary of items to be purchased_____

_____

Date card issued: _____ Date card returned: _____

By signing this form you agree that the purchase is strictly for CHISD business only.

_____   _____
          Employee's Signature   Administrator's Signature

BEFORE ANY ITEMS ARE PURCHASED…THIS FORM, MUST BE COMPLETED, SIGNED AND ATTACHED TO THE REQUISITION IN SKYWARD

CREDIT CARD MUST BE RETURNED IN PERSON TO THE BUSINESS OFFICE WITHIN TWO (2) BUSINESS DAYS OF CHECK OUT DATE.