



NEVADA JOINT UNION HIGH DISTRICT FOOD SERVICE DEPARTMENT

Reservation Date: _____ Invoice# _____ Site: Nevada Union
 Sold To: _____ Date of Event: _____
Name of Organization
 Contact Person: _____ Time of Setup: _____
 Event: _____ Number of Guests(Adult/Students) _____ / _____
 Location: _____ Pick-up: _____ Delivery: _____
 Account Code: - - - - -

Food Items		Paper Products	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Estimated Total:	\$	Estimated Total:	\$
Food	\$	Labor	\$
Supplies	\$	Transportation	\$
Sub-Total	\$	Equipment	\$
Tax	\$	Equipment Total	\$
Labor	\$		
Total	\$		

Special Instructions: _____

Authorized by: _____

Ordered by: _____