



Hermitage School District Catering

Invoice for Cafeteria Services

Date of Request _____ Date of Function _____

Time of Function _____ # of People Attending _____

Purpose of Function _____

Name of Person Requesting Service _____

Phone # or Ext _____ Building Requesting Service _____

Location of Function _____ Budget # to charge _____

Items Requested: (Please be as Specific as Possible)

Principal/Supervisor Signature _____

Date _____ Please give 7-10 days notice for request & 10-14 days for larger events
If you have questions concerning invoice or event please contact Adam Reagle at Ext.1800