

pre-payment.

## Glenwood Community School District

**Food Service Department** 901 North Vine St Glenwood, IA 51534 Phone: 712-527-5029 Fax: 712-527-

E-mail: foodservice@glenwoodschools.org

## CLASSROOM CATERING ORDER FORM

Parent's Full Name:  Phone Number:  Current Date:  Building:		Student's Name:  E-mail Address:  Delivery Date:  Teacher:									
						Method of	Payment: Pay out of student account	Cash	Check #		
						Qty	Description		Unit Price		Line Total
							Chocolate Cupcake		\$0.75		
	White Cupcake		\$0.75								
	Chocolate Chip Cookie		\$0.35								
	Sugar Cookie		\$0.35								
	Rice Krispy Treats		\$0.75								
	Apple		\$0.50								
	Fruit Punch Juice Box		\$0.50								
	Orange Juice		\$0.50								
	Apple juice		\$0.50								
	Milk – White or Chocolate		\$0.50								
Thank	ou for your order. Please submit navment r	orior to the date	treat or spack								
Thank you for your order. Please submit payment prior to the date treat or snack is to be delivered. Payment may also be made from your child's meal account. Fill this form out and send it with your payment. Please make checks payable to				Total							
1	form out and send it with your payment. Ple										