



Operator		Trip	Detail
	Company Name		Length of Flight
	Person Ordering Catering Name (POC)		Destination of Flight
	POC Phone Number / Email		Time of Departure
	Preference on Contact Method - Phone or Email		PAX Count / Crew Count
	Billing Method - Direct / Credit Card / Fuel Bill		
	Tail / Trip Number	Cate	ering
	Aircraft Type		MOA - Meet on Arrival - Yes or No
	Heating Equipment - Microwave / Oven / Both / None		International Trash
	Flight Attendant - Yes or No		Decatering / Upload Required - Yes or No
	Storage Capacity		Ware Washing
	Request Confirmation		Course Type (Breakfast, Lunch, Dinner, Snack)
			Bulk vs. Preplated
Logistics			Concierge Items - (Newspaper, DVDs, Etc.)
	Date - Month / Day / Year		Restaurant Facilitation
	Day of Week		Alcohol
	Time of Delivery - Local Time		Provision Quantity
	FBO/Hangar - Delivery Location		Crew Catering
	ICAO		
	Early Opps Required - Yes or No	Post	t Order Processing
			Order Confirmation Received and Reviewed
Passenger Requirements			Special Arrangements / Logistics Confirmed
	Allergies / Food Intolerances		
	Preferences	Cust	tomer Follow Up
	Religious Restrictions / Requirements		Crew Feedback
	Children Ages, If Applicable		PAX Feedback
			Operations Feedback
			Comments Reviewed with Caterer