Print Form

Catering Request Form

The following information and signatures (approvals) are needed for all on-campus and off-campus food-related events. The completed form must be submitted a minimum of (5) business days before the event date to the Director of Student Services for final approval. This is to insure that all interested/involved parties are aware of the event and have no objections.

Contact Person:	Contact Number:
Date of Event:	Number Of Guests:
Event Start Time:	Event End Time:
Start Time For Food:	Stop Time For Food:
Location Of Event:	
Group Hosting Event:	
Activity Planned:	
Menu Requested:	
Other Pertinent Information:	
and proceed down the list of individua inal signature (approval).	ould begin with the person initiating the food-related event als presented below. The Director of Student Services is the
Requestor(s): Organization:	
By submitting this on-line form, yo	ou acknowledge that you are requesting services from ter clicking on Submit, the form will be sent to Food
	ager should print and complete this Special Event Bid and to the requestor(s) of this event and the Director of
Food Service Consultants, Inc. Manage (signature required)	er:
Dean of Student Services:	

For Food Service Consultants, Inc. Use Only Special Event Bid

GUEST:	@ \$:		= \$:	
Item:	Quantity:	Unit:	\$	
Item:	Quantity:	Unit:		
	\$Item:	Quantity:		
1	Unit:	\$		
			Subtotal:	
	(If tax exempt attach	exemption certificate) SAL	ES TAX*:	
		TOTAL:		

CREDIT INCOME TO: