

External Request for Catering

Billing Information

Name of Organization: _____

Address: _____

Phone #: _____ Signature: _____ Date: _____

Tax Exempt: _____ *(If yes, please provide a tax exempt certification)*

(If applicable): Name of campus contact: _____

Department, organization or club: _____

Request Information

Date of event: _____ Room: _____

Service Time: _____ Event Time: _____ End Time: _____

Name of Event _____ Number of people: _____

Breakfast _____

Lunch _____

Dinner _____

Refreshments _____

Special Comments: _____

Room set up necessary: _____

Food Services Manager Only

Date reviewed w/food service staff _____ Final Cost _____

Comments: _____

Approved: _____ Date: _____

Food Services Manager