

CATERING EVENT FORM



Event Details:

Description of Event: _____

Date: _____ Delivery Time: _____

Pick-up Time: _____ Area (BLDG/RM): _____

Service Type: Drop off ☐ -or- Staff Serve ☐

Linen & Skirting Required: Yes ☐ -or- No ☐

<u>Qty</u>	<u>Description</u>	<u>\$/pers</u>	<u>\$/Total</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Billing Info:

Department Name: _____ Account # _____

Contact Person: _____ Phone: _____

Special Instructions: