



Date: _____

Catering Requisition Form FACILITY & CALENDAR CLEARANCE FORM MUST BE APPROVED BEFORE FOOD CAN BE ORDERED. NAME OF ORGANIZATION/DEPARTMENT: ORDERED BY: **DATE OF EVENT:** ADDRESS: EST # OF GUESTS: PHONE #: TIME OF EVENT: **BILL EVENT TO (Dept. #):** TIME TO SET BY: LOCATION OF EVENT: TIME TO PICK UP: PRICE ESTIMATE: PICK-UP | DELIVERED MEAL: BREAKFAST LUNCH DINNER SNACK | SERVED | **BUFFET** DISPOSABLES | CHINA | LINEN BAR SERVICE: | CASH | HOST PLEASE DOUBLE-CLICK ON CORRESPONDING BOXES TO MARK YOUR SELLECTIONS **Items requested: Special Instructions: Bill Information:** # OF PEOPLE OR GUARANTEED: PRICE PER PERSON: SUBTOTAL: SERVICE CHARGE: NC NC STAFF CHARGE: TAX: NC **GRAND TOTAL:** The patron acknowledges receipt of a copy of this agreement agrees to the policies, rules and conditions of UW-Manitowoc & FSI and of this agreement, implied or written. The patron also agrees to pay and satisfy the total amount due via the terms listed in the Catering Menu document (pre-payment may be required for external groups) Patrons Signature _____ Date: _____

Please return this form to FSI. Questions can be answered via e-mail to <u>bluedevilgrill@uwc.edu</u> or by calling 683-4714.

FSI Rep. Signature_____