

Date: _____

Services Requested By (please print your name): _____

Department: _____ Phone: _____

Date of Event: _____ Location of Event (Bldg, Room #): _____

Number of Guests: _____ Purpose/Occasion: _____

Set Up Time: _____

Clean Up Time: _____ Length of Event From: _____ To: _____

FOAP: _____ Authorized Signature: _____

Please select service: Breakfast Lunch Afternoon/Evening Pick-Up Service Full Service

MENU

Unit Cost

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Price Quoted per Person \$ _____ x _____ Guests = \$ _____

Special Arrangements

Sub-Total

_____	<input type="checkbox"/> Linen/Color	_____
_____	<input type="checkbox"/> Service Labor	_____
_____	<input type="checkbox"/> China Service	_____
_____	<input type="checkbox"/> Rentals	_____
_____	<input type="checkbox"/> Flowers	_____

Order Received: _____ By: _____ Total Food \$ _____

Comments: _____ Total Special \$ _____

Grand Total \$ _____