SODEXO
Catering Request Form

Please refer to the catering policy and meal section guide to make your choices below.

Contact Person: ___________________ Tel#: _______________ Today’s Date: _______________
Department/Group

Date of Function: _______________ Service Time: __________ Organizer: _______________
Completion Time: _______________ No. to be Served: ________ Purpose: ___________________

Help Reduce Waste- Confirm your No. of guest 12-24 Hours Before Service
Call the Food Service Department (EXT) 152

Location of Event: _______________ Date and Time Received by Food Service: _______________

Menu
(Please refer to the catering menu for selection)

Morning/ Breakfast
Coffee Service Only: __________ Coffee and Pastry Service Only: _______________
Add Fresh Fruit: _______________
Continental Breakfast: ________________ Breakfast Buffet: ________________

Lunch
Appetizer: ________________________________
Salad: ____________________________________
Entrée: __________________________________
Vegetable: ________________________________
Bread/Roll: ________________________________
Dessert: __________________________________
Beverage: ________________________________
Other: ____________________________________

Special Instructions: ________________________________ Rental Cost: ________________
Overtime Cost: ________________ Total Cost: ________________

Complete one section below
(Service will not be available if this portion is not complete)

To be Charged to: ___________________ Tel#: __________ / ________________
Department Ext Account #

______________________________ ________________________________
Authorized Signature Authorized Signature

*Note: Assistant Superintendent of Supporting Services Signature required for “Grand Openings” and “Large Special Events” Only

To Be Paid By: ____________________________ ____________________________
Authorized Signature Address and Telephone Number