FOOD REQUEST FORM

CONTACT INFORMATION:
Department: ___________________________________________ Date: ____________________________
Contact Person: ______________________________________ Phone #: ____________________________
E-mail Address: ______________________________________ Fax #: ____________________________

EVENT INFORMATION:
Event Date: __________________________________________ Location: _____________________________
Event Name: _________________________________________ Event Time: ___________________________
Estimated Attendance: _________________________________ Funding Source: _______________________

EVENT DESCRIPTION:
Include a description of your audience (i.e. 10 faculty members, 5 students, and 25 external guests). You may also attach a flier or invitation.

FOOD ORDER SELECTIONS:
(MBJ will provide a quote for each selection)

APPROVAL:
Departmental VP Approval: ________________________________ Date: ____________
Senior Vice President Approval: ____________________________ Date: ____________