



Date of Request: \_\_\_\_\_

## REQUEST FOR FOOD SERVICES

Name of Organization: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Bill to: \_\_\_\_\_ Account No.: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Persons Served  
(tentative)\*: \_\_\_\_\_

Food Services  
Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_ Email: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### To be completed by Food Services

Number of persons served: \_\_\_\_\_ Price per person: \_\_\_\_\_

8.75% Tax: \_\_\_\_\_

Total: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

*Food Services Supervisor*

*\* The final head count will be used in computing the charge to be paid to Food Services.*