

## **CATERING REQUISITION**

## **Dietary Services Department**

To book a catering request for a Special Event with a menu & price to suit your needs, please contact the Dietary Manager at extension 4161 for assistance			
to of Donald liberat	Data of Francis		

Date of Requisition:

Event Name:

Location:

Time to be delivered:

Expected Attendance:

Contact Person:

Ext. # Phone:

Charge to which account #:

Please ensure that a copy of your requisition is sent or delivered to the Dietary Services Department.

ALLERGY ALERT: Please clearly indicate any allergy considerations below:

We appreciate receiving your order well in advance so that your catering selections receive the proper attention and are delivered on time. Please use the following guidelines:

- 72 hours (3 days) for all catering events
- 10 working days for special catering events of 50 or more
- Please fill out one sheet per day for multi day functions

## **DESCRIPTION OF GOODS REQUIRED AND SPECIAL INSTRUCTIONS**

Please refer to Catering Menu located on the intranet for options

EXTERNAL CATERING REQUESTS	Please include contact name, phone number, and f	ull mailing address:
Requested by:	Submit Form	Print Form
S	end one copy back to requesting department	

CANCELLATIONS NEED TO BE MADE 7 DAYS PRIOR TO MAJOR EVENTS OR 72 HOURS PRIOR FOR ALL OTHER