

# CATERING RESERVATION

\_\_\_\_\_ Invoice # (for Food Service Billing)

Purchase Order (if required) # \_\_\_\_\_

**Organizations should schedule reservations for their special affair as far in advance as possible.**

Complete this Catering Reservation form for services and forward to the Food Service Director's office. Tentative information about the number and type of food service desired **MUST BE RECEIVED BY THE FOOD SERVICE DIRECTOR** twelve (12) business days before the affair. Cancellation or changes require six (6) business days prior to the scheduled event or a service charge will be incurred. Payment will be required for the total number of reservations regardless of the number served at the affair. If attendance at your affair is higher than the reservations, we may not be able to guarantee a quality service. We will make every effort to accommodate your needs to the satisfaction of you and your guests, and then bill accordingly.

A five (5) day notice is sufficient time to schedule/confirm a cookie and beverage type set up for a small group.

Organization: \_\_\_\_\_

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of representative: \_\_\_\_\_

Event Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_

# People: \_\_\_\_\_

\_\_\_\_\_

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

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

Service Time: \_\_\_\_\_

## Menu

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extra Service Required: \_\_\_\_\_

Seat Arrangements (Head Table, etc...) \_\_\_\_\_ # People \_\_\_\_\_

Cost per Person: \$ \_\_\_\_\_ Additional Service Cost: \$ \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

To be invoiced to (if different from above): \_\_\_\_\_

\_\_\_\_\_