CATERING REQUEST FORM

Please submit a minimum of 7 days prior to scheduled event date.

Final numbers due 72 hours prior to event.
15% Rush Fee for any late orders.

Department Name:

Requestor Name:

Requester Email:

Requester Phone Number:

PO for event:

Type of Event:
Pick up, Drop off, buffet or plated

Number of Guests

Guest Type
Select all that apply

- ☐ Student
- ☐ Faculty or Staff
- ☐ Presidential/Board
- ☐ General Public

Event Information

Date of Event:

Time of Guests Arrival:

Serving Time Requested:

Clean-up Time Requested:

Building:

Room:

Preferred Event Set-up
Style of service, linens needed (if applicable), any additional requests or instructions.

Menu:
Please be detailed with quantity, list any allergen/dietary restrictions, etc

I confirm that the information listed above is correct and hereby authorize payment to Genuine Foods.

Signature:

Date:

To be completed by Genuine Foods Staff

Total Estimated Cost:

Balance:

GENUINE