Date \_\_\_\_\_

## Missouri State University Catering Request Form

Event Information Dept/Organization	Phone				
Name of Event					
Building and Room					
Estimated <b>number</b> of people:					
Date of your event:					
Room Unlocked by (inclu-	de AM or PM)				
vent Starting Time Event Ending Time					
[University Budget] By initialing you verify that the food Responsibility Policy http://www.missouristate.edu/policy/fis incurred that are inconsistent with the policy will become your	services requested are in compliance with the University Fiscal calresponsibility.htm and that you understand that expenses personal responsibility.				
Event Food Information					
What is requested serving time?	Type of Dinnerware: Paper China				
Table Linen Color Preference	Served Meal <b>or</b> Buffet?				
Buffet Linen Color Preference	Served Meal <b>or</b> Buffet?  I choose <b>not</b> to participate in Bears Share				
When do you want Food Service removed?					
(If no time is given, room will be cleaned only after	event ending time.)				
All food at events on campus must be catered throu vendor. Any exception has to be app Name of Requestor	roved by the Director of Catering.				
Organization or Department Name					
Billing Information					
Missouri State University Dept Budget # and B	usiness Purpose (be specific):				
(Off campus organization) Billing Address:					
Signature (Must be Budget Administrator or Organiza)	Signal Office as				

<sup>\*</sup>Food Service requests need to be made by 10 business days prior, with the final count confirmed at least 3 business days before the event.

<sup>\*</sup>Please return this form to Event and Meeting Services, Plaster Student Union 302. Retain a photocopy for your records.