

Missouri State University Catering Request Form

Event Information

Dept/Organization _____ Phone _____

Name of Event _____

Building and Room _____

Estimated number of people: _____

Date of your event:

Room Unlocked by _____ (include AM or PM)

Event Starting Time _____ Event Ending Time _____

[University Budget] By initialing you verify that the food services requested are in compliance with the University Fiscal Responsibility Policy <http://www.missouristate.edu/policy/fiscalresponsibility.htm> and that you understand that expenses incurred that are inconsistent with the policy will become your personal responsibility.

Event Food Information

What is requested serving time? _____ Type of Dinnerware: Paper _____ China _____

Table Linen Color Preference _____ Served Meal **or** Buffet? _____

Buffet Linen Color Preference _____

Please list requested menu (each line holds 100 characters, attach additional sheet if necessary)

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 through Missouri State Catering Services or by a PSU vendor. Any exception has to be approved by the Director of Catering.

Name of Requestor _____

Organization or Department Name _____

Phone # _____ Email _____

Billing Information

Missouri State University Dept Budget # and Business Purpose (be specific): _____

(Off campus organization) Billing Address: _____

Signature (Must be Budget Administrator or Organizational Officer)

_____ Date _____

*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.

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

