



Request for use of off-campus catering vendor

Name of Organization _____ Date _____

Contact Name _____ Title _____

Phone Number _____ Email Address _____

Event location _____ Date of Event _____ Number of Attendees _____

Name of Requested Off-campus Caterer _____

Off-campus Caterer Contact Name _____ Phone Number _____

Please list full menu (use reverse for additional items if required)

Item _____ Quantity _____ Price _____

Item _____ Quantity _____ Price _____

Item _____ Quantity _____ Price _____

Item _____ Quantity _____ Price _____

Item _____ Quantity _____ Price _____

Item _____ Quantity _____ Price _____

*If your organization or department is preparing the food instead of using an off-campus caterer, please list all the food items:

Vice President for Student Affairs _____ Date _____

Approved _____

Not Approved _____