



# FOOD SERVICE REQUEST FORM

If you do not use Outlook, please see notice at bottom of form.

## Client Information

Event Date:  \* If Event Date is less than 72 Hrs from Today's Date, a **minimum** \$50 fee may be assessed.

Event Name:

Group Status:  External  Internal

Tax Status:  Exempt  Non Exempt

Contact Person:  Phone Number:

Address:

Event Time: From:  To:  Today's Date:

## Services Requested

- Buffet
- Cafeteria Line
- Other

## Catering Delivery

Location:

Time:

## Menu Requested

## Other Instructions:

Guarantee Number:  Cost/Person:  Total Cost:

## APPROVED BY

Requestor:

Budget Officer:

Budget Account #:  Date:

If you do not use Microsoft Outlook as your default email client, please save this form to your computer, then email it to 'facilities.request@concordia.edu' and 'tina.haley@concordia.edu'