



Invoice No.: _____

ENMU Request for Catering Services

The Sodexo catering staff needs a minimum of 10 working days before an event in order to adequately prepare. However, **failure to submit this form with all required signatures to Sodexo at least three working days before the event could subject it to cancellation and/or you, as the Requestor, to personal responsibility for catering charges associated with the event.**

Originating Department/Group: _____

Contact Person: _____

Phone Number: _____ **Fax Number:** _____ **Station Number:** _____

Date of Activity: _____ **Purpose:** _____

Participants (check all applicable participants):

Faculty Staff Regents Public Other _____

Department Index and Account Number to be Charged: _____

Requestor Signature: _____

Department Head/ Dean Signature: _____

Vice President Signature: _____

Event Information

Reserved Location/Room: _____ **Estimated Number of Guests:** _____

Time Guests Will Arrive: _____ **Serving Time Requested:** _____

Items Ordered: _____

_____ **Estimated Cost:** _____

Comments/Special Requests: _____

Special Dietary Concerns: _____

Pick-Up or Delivery

I hereby confirm that I have received the food service/items requested above and hereby authorize payment to Sodexo.

Requestor Signature