

# SOUTHWEST

## TENNESSEE COMMUNITY COLLEGE

### CATERING REQUEST FORM

Date of event \_\_\_\_\_ Contact person \_\_\_\_\_ Telephone \_\_\_\_\_

Day(s) of week \_\_\_\_\_ Time of event from \_\_\_\_\_ to \_\_\_\_\_ Set-up time \_\_\_\_\_

Purpose of event \_\_\_\_\_

Campus/Center/Site \_\_\_\_\_ Building/Room number \_\_\_\_\_

Date reservations made \_\_\_\_\_ Guaranteed\* number of people \_\_\_\_\_

\* Caterer must have reservations and number of people to be served within ten (10) business days of event. The cafeteria does not supply linen.

#### Requested Service

	Breakfast	Lunch	Dinner	Refreshments
Seated Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buffet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated price \$ \_\_\_\_\_ Guaranteed price \$ \_\_\_\_\_

Menu \_\_\_\_\_

#### Billing Instructions

Attention \_\_\_\_\_ E-mail address \_\_\_\_\_

Department \_\_\_\_\_ Account \_\_\_\_\_

Street address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

Authorized requestor signature \_\_\_\_\_

Special instructions \_\_\_\_\_

0111101 REV 12005

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