Off Campus Caterer

Request to bring food on campus) Must be submitted 14 days before event date.
(Please Print)

Submission Date_____

Name of department/organization _____

Requestor Name _____Title_____

Phone Number _____Email _____

Date(s) of event_____FOAP _____

Event start time_____Event end time_____CBMS Reservation #_____

Building_____Room Number_____

Purpose of event_____

_____

Non-Employee Guests? Yes ☐ No ☐ How many_____(See instructions under number 1. below and attach list)

Name of Catering Company/Person_____

Address_____City_____State_Zip_____

Contact Name_____Title _____

Work Phone Number _____Cell Phone Number _____Email _____

(FIRST REFUSAL) This Section must be completed by Food Services Management

Can Match Cost? Yes ☐ No ☐

Print Name:	Signature:	Title:	Date:

Before this request can be approved the following items must be attached:

1. List the names of the individuals attending the event. Place an asterisk (*) beside the name(s) of all guests who are non-affiliates or students of the University, and add a statement that their presence is necessary to the business discussion. Please attach an additional sheet with necessary information.
2. Attach a list of full menu including quantity and price.
3. Attach a list of supplies being provided, including quantity and price (i.e. utensils, linens, etc.).
4. Attach the certifications, licenses and permits, as well as copies of the most recent public health scores are required.

Approved ☐ Denied ☐	Auxiliary Services Signature:	Title:	Date:

Revised 9-4-26