

**CHARTWELLS CATERING REQUEST**

CONTACT PERSON \_\_\_\_\_

DEPT \_\_\_\_\_ DEPT PHONE # \_\_\_\_\_

DEPARTMENT ADDRESS \_\_\_\_\_

PROJECT/ORG NUMBER TO BE CHARGED \_\_\_\_\_

PURPOSE OF FUNCTION \_\_\_\_\_

ATTENDEES (I.E., NUMBER EACH OF FACULTY, STAFF, STUDENTS,  
VISITORS)

\_\_\_\_\_

\_\_\_\_\_

DATE OF FUNCTION \_\_\_\_\_ PRICE PER PERSON \_\_\_\_\_

LOCATION \_\_\_\_\_ TOTAL \_\_\_\_\_

FOOD ON SITE \_\_\_\_\_

BEGINNING TIME \_\_\_\_\_ ENDING TIME \_\_\_\_\_

MENU \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVING SIGNATURE OF DEPT HEAD \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_