

Campus & Offsite Catering

REQUEST FORM

CLIENT INFORMATION

Department/Organization: _____

Booking Contact Name: _____

Booking Contact Office Phone Number: _____

Booking Contact Mobile Number: _____

Booking Contact Email: _____

Account #: _____ Sub Account # _____

Object Code: _____ Sub-Object Code: _____ Project Code: _____

Other Form of Payment: *(Please discuss with your event planner to learn about any applicable deposit and/or pre-payment requirements)*

*Fill out form and email to SUEventplanning@email.arizona.edu
or drop off at Event Planning at the Student Unions (Rm. #348)*

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EVENT INFORMATION

Event Name: _____

of Attendees: _____

Event Date(s): _____ Recurring Event? YES NO

PREFERRED AND ALTERNATE EVENT DATE(S), PLEASE LIST THEM ALL:

On-Site Contact & Mobile Phone Number: _____

Event Location/Building Name: _____

Event/Building Address: (Include Rm #) _____

Food and Beverage Service Time: _____

Food and Beverage End Time: _____

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Event Type:

- Boxed Meal* *Reception* *Buffet Meal* *Plated Meal* *Beverages*
 Meeting, Breaks or Snacks *Pick-up at Event Planning Office* *Delivery Only*

Requested Food and Beverage Items: *(Select Best Option)*

- I would like to order* _____

 I do not know yet
 This order includes multiple service days, please contact me or see attached

Allergy and/or Dietary Restrictions: *(List If Applicable)* _____

Service ware Selection:

- Plastic* *Upgraded Plastic (\$2 per person)*
 China (add \$3 per person) *Compostable (add \$2 per person)*

ADDITIONAL NOTES: _____

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