Flathead Valley Community College

CATERING REQUEST

Event info

Event Name: _____

Date of Event: _____ Start Time: _____ End Time: _____

Location: _____ Number of attendees: _____

Contact info

Person: _____

Phone: _____ Email Address: _____

Menu and Special Instructions	
Total:	

Requested By: _____ Date: _____

Department/Club: _____ Budget Code: _____

Budgetary Authority: _____ Date: _____

FOR CATERING USE ONLY

Revenue goes to:	Comments	
□ Catering □ Chef's Table □ Eagle's Nest □ Retail Outlet □ Other (specify)		Food Beverages Supplies Labor Other
		Total: