

Request for Catering Service at LHS from Bay View Café

P.O # _____

Day & Date of Event
Title/Event Description

Order and Set Up Information

Date of Request: Minimum of 1 week notice required; 3 weeks preferred for catering orders.		
# of Guests:	Guest Arrival Time:	Guest Departure Time:
Location/Room #	China/Glassware will be provided unless disposable products are requested. Check this box if you would prefer paper products > <input type="checkbox"/>	
Your Name :	Your Phone Number:	Your LHS Project:

Purchase Order Information

Vendor Name: Grace Street Catering			Vendor #: 6061		
Account	Fund	Org	Prg	Sub Prg	Flex
Unique Internal Reference #					

Food & Beverage Service Requested

Room	Set-up time	# of guests	Item #	Item Description	Unit \$	Extended \$
*Item number is in menu packet. This must be included.					Subtotal	
					8.75% Tax	
					Total	

Please submit one copy of this order to the Business Office and one copy to the Bayview Café.

P.I./Assoc. Dir Approval: _____
(signature)