CATERING REQUEST/CONTRACT

sylvansn@stuaf.umass.edu
545-3020
CoManager: ________________

Customer Information

RSO, Agency, or Department Name: __________________________________________

Event: ________________  Event Date: ________________  Time: ________________

Location: ______________________  Number of People Expected: ________________

Contact Person: ________________  Phone: ________  Email: ________________

Food to be Provided

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<thead>
<tr>
<th># of Items</th>
<th>Items</th>
<th>Cost per Item</th>
<th>Total Cost</th>
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other items or services to be provided i.e., tablecloth, napkins, utensils, etc.

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TOTAL $______

Customer Signature ___________ Date ___________ Cancellation Date ___________

Notify
☐ kwittshirk@mail.aux.umass.edu  ☐ ldavis@ehs.umass.edu

☐ Entered in Vendor Ledger  ☐ Entered in Quickbooks

Date Submitted to CSB ________________

Z:\Workshops and Training\Catering\Catering packet\Contracts & Invoices\2010SSBCater.xls
For Student Bookkeepers: Keep a copy of all completed Contracts & Invoices for your catering files. For financial transactions to be processed, invoices should be submitted to Donna Vanasse in the CSB by the 7th of the month.

For billing questions, call Donna Vanasse at 545-2167