



SODEXHO CATERING ORDER FORM

To Be Completed by Client	
Today's Date	
Contact Name/Phone Number	
Group/ Dept Name	
Email Address	
Event Title	
Event Date & Time	
Event Location	
Set up Time	
Break down Time	
Number of Event Attendees	
Type of Event: <input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Reception <input type="checkbox"/> Grab & Go <input type="checkbox"/> Other
Proposed Menu:	
Additional Event Notes:	
Is your event being paid with Foundation Funds? <input type="checkbox"/> No <input type="checkbox"/> Yes ATTN REQUESTER: If yes, submit Request for Foundation Funds form to Dianne Wei <u>prior</u> to finalizing order. ATTN SODEXHO: If yes, obtain payment approval from Dianne Wei. Do not use the requester's ProCard.	

To Be Completed by Sodexo	
Date Quote Sent	
Date Event Confirmed	
Set Up Time	
ProCard Number	

Price – Food	
Tax	
Service	
Other	
Total	

Notes:

*A separate Catering Order Form is required if more than one meal will be provided at a given event.