

SOUTHWEST

TENNESSEE COMMUNITY COLLEGE

CATERING REQUEST FORM

Date of event _____ Contact person _____ Telephone _____

Day(s) of week _____ Time of event from _____ to _____ Set-up time _____

Purpose of event _____

Campus/Center/Site _____ Building/Room number _____

Date reservations made _____ Guaranteed* number of people _____

* Caterer must have reservations and number of people to be served within ten (10) business days of event. The cafeteria does not supply linen.

Requested Service

	Breakfast	Lunch	Dinner	Refreshments
Seated Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buffet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated price \$ _____ Guaranteed price \$ _____

Menu _____

Billing Instructions

Attention _____ E-mail address _____

Department _____ Account _____

Street address _____

City/State/ZIP Code _____

Authorized requestor signature _____

Special instructions _____

0111101 REV 12005

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