



**HARTNELL COLLEGE**

**Cafeteria & Food Services**  
 (831) 770-6111  
 (831) 755-6000  
 jsweeney@hartnell.edu

FOOD SERVICES DEPT. USE ONLY:	
Date Rec'd: _____	Invoice # _____
Approval Signature/Date: _____	
Date Submitted: _____	Total Cost: _____
Payment Rec'd: _____	

## CATERING REQUEST

*Please submit catering request at least 7 days in advance of event to ensure product and staff availability.*

### PLEASE COMPLETE ALL SECTIONS

GENERAL INFORMATION			
Person Requesting		Email	
Organization / Area		Phone	
Billing Address		Alt. Phone	
City, State, Zip			
Billing to Department (in-house requests only)		Credit Card # (community requests only)	
Budget Code (required):			
EVENT INFORMATION			
Event Date		Event Location	
Delivery Time		*Number of Guests	
Event Start Time		Event End Time	

***\*Final count for quests must be given to Food Services three (3) days prior to event.***

Type of Service	<div> <div>Buffet</div> <div>Preset</div> <div>Reception</div> </div>
Tableware	<div> <div>China (additional charge)</div> <div>Everyday tableware (additional charge)</div> </div>
Additional Service	Additional Service help / volunteers needed to help service
Linen (indicate number needed)	<div> <div>Round Table</div> <div>Rectangle Table</div> <div>Napkins</div> <div>Color</div> </div> <p><i>There is an additional charge for all linen. Colors, other than white, require three week notice.</i></p>
MENU SELECTIONS	
Price per plate: (Minimum / Maximum)	
Additional comments	
Customer's signature	<div> <div></div> <div>Date</div> </div>
<b>Facilities:</b> A Facilities Use Request form, including set-up, is required for use of all facilities. Please be sure to reserve the room 30 minutes prior and 30 minutes after the event for setup and cleanup purposes.	