



EL PASO COMMUNITY COLLEGE
CATERING REQUEST

Catering No. _____

Requester: _____ Department: _____ Ext.: _____ Date: _____

Fund/Org: _____ Acct: 71440 _____%

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Catering Location: Campus: _____ Bldg: _____ Room # _____ Date of Event: _____

Time of Event: _____ Time Ending: _____ Time to set-up room: _____ Time to Serve: _____

Meal arrangements: _____

Cost: \$ _____

Special Services:

Waiters/Waitresses (Uniform _____ Non-uniform _____) Yes () No () Cost \$ _____

Table Cloth (Cloth _____ Plastic _____) Yes () No () Cost \$ _____

Napkins (Cloth _____ Plastic _____) Yes () No () Cost \$ _____

Plates (China _____ Paper _____) Yes () No () Cost \$ _____

Utensils (Silverware _____ Plastic _____) Yes () No () Cost \$ _____

Flowers (Vases _____ Centerpiece _____) Yes () No () Cost \$ _____

Containers for: Salt, pepper, dressings, sugar, cream
(Glass _____ Non-glass _____) Yes () No () Cost \$ _____

Other services (describe): _____

Total Cost \$ _____

(Note: If form is incomplete, it will be returned to requester delaying processing.)

- Cancellation must be submitted 24 hours prior to event or department will be billed.
• Room is coordinated with Student Services Manager at the campus and table set-up is coordinated with Physical Plant by the requester.
• Changes in the number of meal arrangements must be submitted 24 hours prior to event or department will be billed.

APPROVALS:

Requester: _____ Date: _____ Budget Head: _____ Date: _____

Cabinet Officer: _____ Date: _____ AVP, Aux. Svcs: _____ Date: _____