

## Food Services Request

Function Date:	<b>Event delivery/service location (please check):</b> <input type="checkbox"/> Requestor to pick up at main kitchen <input type="checkbox"/> Deliver to: _____ <input type="checkbox"/> Campus Food Court <input type="checkbox"/> Garden Court Dining Room
Number of Guests:	
Serving Time:	
Requester Phone Number:	
Centre/Company Name:	
Requester Name:	

Notices: All charges subject to original head count guarantee less 5% if changed within 48 hours of function date;  
 Minimum of \$50.00 for all delivered orders;  
 G.S.T. added

### Payment Options:

Internal Debit:			-	0	0	0	-					-				
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Bill To: \_\_\_\_\_

Address: \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

Date \_\_\_\_\_

### Type of Function/Event

### CR A/C

### Function Title

<input type="checkbox"/> 1) Internal Activity	11-000-57201-42521	_____
<input type="checkbox"/> 2.1) External: LC Organized Conference	11-000-57202-42522	_____
<input type="checkbox"/> 2.2) External: Public Organized Event	11-000-57202-42523	_____
<input type="checkbox"/> 3) Foundation / Fund Raising Event	11-000-57203-42524	_____

### **Food Service Use Only**

**Food & Beverage**     \$ \_\_\_\_\_

**GST**     \$ \_\_\_\_\_

**Service**     \$ \_\_\_\_\_

**Total**     \$ \_\_\_\_\_

\_\_\_\_\_  
**Authorizing Signature**