

**SODEXHO
ROCKHURST UNIVERSITY
CATERING REQUEST ORDER FORM**

DATE OF EVENT _____ ORDERED BY _____ EXT. _____

DAY OF EVENT _____ DEPARTMENT _____

EVENT TIME _____ BUDGET CODE _____

(START & FINISH TIMES)

(MANDATORY TO PLACE ORDER)

NO. OF GUESTS _____ LOCATION OF EVENT _____

NAME OF FUNCTION _____

FOOD REQUESTED

SIGNATURE _____ DATE _____

PLEASE SEND OR DELIVER TO MICHAEL JOHNSON / CATERING DIRECTOR
PHONE 501-4187 / MASSMAN HALL CAFETERIA
ALL CUSTOMER GUARANTEES NEED TO BE CALLED IN THREE DAYS PRIOR TO THE EVENT.