# FAIRMONT STATE UNIVERSITY™

## Catering

Name on P-Card: _____

*(Aladdin will call for expiration date)*

Billing Address: _____ ○ Mark here for Campus Address

Billing Phone:_____ Contact Phone: _____

Event Representative: _____

*(Name & Title)*

Function/Event Name: _____

Date: _____ Start Time: _____ End Time: _____

Number of Guests: _____ Location of Event: _____

_____

***Budget Manager Signature (Required)***

Refreshment Order *(Please include specific quantities when applicable)*:

*(**Buffet Package Name** or Food and Beverage)* *See Catering Guide Here*

- _____
- _____
- _____
- _____
- _____
- _____

- _____
- _____
- _____
- _____
- _____
- _____

Additional Requests/Notes: *(Allergies can be listed here)*

_____

_____

_____

_____

_____