

Del Mar College  
REQUEST FOR FOOD/BEVERAGES

TO: CAMPUS DINING SERVICES

FUNCTION INFORMATION

Function or Event:		No. of Attendees: <b>(Attach List)</b>	
Location:	Contact Name / Phone:	Date of Event:	Time of Event:

PURPOSE

FOOD / BEVERAGE ORDER

Items:	Amount
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total:</b>	\$ _____

**NOTE: FOOD/BEVERAGE SERVICE WILL NOT BE HONORED WITHOUT PRIOR APPROVAL AND LIST OF ATTENDEES. EXCESS MEALS WILL NOT BE PROVIDED.**

CONSIDERATION AND APPROVAL

Requestor's Signature	Date
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APPROVED BY:

Supervisor/Dean/Vice President/President <i>(as applicable)</i>	Date
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Charge Cost Center No: \_\_\_\_\_

Check if Applicable:      Grant Acct      Contract Training

CFO	Date
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\*\*\*\*\*FOR CAMPUS DINING SERVICES USE ONLY\*\*\*\*\*

TO: BUSINESS OFFICE	Credit Acct #:	Catering	13-0-02-810010-46013
		Cash Dining	13-0-02-810010-46011

Inv #: \_\_\_\_\_

Inv Date: \_\_\_\_\_

Amt Due: \_\_\_\_\_

Approval: \_\_\_\_\_  
Campus Dining