



Food Service & Catering Request Form

Name of Group: _____ Date of Event: _____

Responsible Party: _____ Phone: _____

Number to be served: _____ Location: _____

Set Up Time: _____ Start Up Time: _____ Ending Time: _____

Type of Service: Go through cafeteria line: ☐ Buffet: ☐ Served: ☐

Breakfast: ☐ Lunch: ☐ Dinner: ☐ Refreshments: ☐

Estimate Requested: ☐

Notice: Billing will be based on the total number confirmed 48 hours prior to event. The presentation will be abundant and all remaining food will be returned to the Cardinal Cafe.

Account Number to be charged: _____

Dean/VP Approval: _____ Date: _____
Signature

Please return completed form, **TWO WEEKS PRIOR TO EVENT**, to Becky Leistikow, Food Service Department, Labette Community College. For questions, please call 820-1184.