

**TALLADEGA COLLEGE
CAMPUS DINING
CATERING REQUEST FORM**

CONTACT INFORMATION

Department/Office

Name of Requestor Telephone Number

E-mail Address

EVENT INFORMATION

Type of Event Event Location

Event Date Event Start Time Event End Time

Number of Guests

PROPOSED MENU:

| Items | Proposed Menu1 | Proposed Menu 2 | Proposed Menu 3 |
|------------------|----------------|-----------------|-----------------|
| Meats | | | |
| Vegetables/Sides | | | |
| Desserts | | | |
| Beverages | | | |
| Other 1 | | | |
| Other 2 | | | |
| Other 3 | | | |

Additional Details

Requestor's Signature _____ Date _____

OFFICE USE ONLY

Received Date/Time Final Menu: Menu 1 Menu2 Menu 3

| Items | Proposed Menu1 | Cost | Proposed Menu 2 | Cost | Proposed Menu 2 | Cost |
|------------------|----------------|------|-----------------|------|-----------------|------|
| Meats | | | | | | |
| Vegetables/Sides | | | | | | |
| Desserts | | | | | | |
| Beverages | | | | | | |
| Other 1 | | | | | | |
| Other 2 | | | | | | |
| Other 3 | | | | | | |
| Total Cost | | | | | | |

Director of Dining Signature _____ Date _____