Widener University

FOOD SERVICE REQUISITION

_____
DATE OF REQUEST

Submit in quadruplicate

DEPARTMENT: _____ TELEPHONE EXT: _____ ACCOUNT # _____

DATE OF SERVICE: _____ HOUR: _____ LOCATION: _____

NUMBER TO BE SERVED: _____ NUMBER SERVED: _____ NUMBER CHARGED _____

FOOD REQUIREMENT

MENU AS FOLLOWS:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____
REQUESTED BY FOOD SERVICE COORDINATOR

TO BE COMPLETED BY RESIDENT FOOD MANAGER:
Cost per Person: _____
Total Cost: _____

DATE RECEIVED: _____
TIME RECEIVED: _____
SIGNATURE: _____

FOR SPECIAL FUNCTIONS HELD IN THE DINING AREAS:
Head Table Required _____ if yes, how many persons to be seated: _____
Tables should be arranged to accommodate _____persons per table.
Guests are to be seated at approximately _____ (AM) _____ (PM).
It is expected that the guests will start leaving at _____ (AM) _____ (PM).
Podium desired _____, stand-up type _____ table top type _____
Public address system required _____, type to be determined by Coord.
What type of service is required (Buffet or Waiter-Served _____

REMARKS:

WHITE: Food Service
YELLOW: Business Office
PINK: Campus Services
GOLD: Confirmation

14 DAYS ADVANCE NOTICE REQUIRED