

MUSD – Nutritional Services Catering Proposal Request Form

To ensure that we expedite your catering request, please complete all of the required information below. An Event Planner will contact you within one business day.

For an unexpected event that requires immediate attention please contact the Nutritional Services office at 367-9191 x 4256, 4263 or 4271.

Today's Date: _____

Contact Information:

Department/School: _____

Name (Placing order): _____

Business Phone: _____ Alternate Phone: _____

FAX #: _____

Email: _____

Event Information:

Event Name: _____

Event Date: _____

Event Location (Building): _____ Room: _____

Time you need product delivered: _____

Event Start Time: _____ Event End Time: _____

Number of Guests: _____ (FOR TAX PURPOSES): Adults: _____ Students: _____

Desired Menu Selection: _____

Special Request(s)/Additional Details:

Billing Information:

Send to: _____

Do Not Write Below This Line (For Internal Use Only)

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Order Reviewed By: _____

Order Assigned To: _____