



## Catering Request Form

Email Completed to form to [c.w@oicofwa.org](mailto:c.w@oicofwa.org) and [er.g@oicofwa.org](mailto:er.g@oicofwa.org)

### Event Information

Date of Event	_____	# of Guest	_____
Start Time	_____	End Time	_____
Address	_____	City, State, Zip	_____
Room #	(If applicable) _____		

### Type

☐ Breakfast ☐ Lunch ☐ Dinner ☐ Appetizer

### Dietary Preference

☐ Vegan ☐ Vegetarian ☐ Gluten-Free ☐ Nut Allergies ☐ Other

### Option

☐ Pick Up ☐ Delivery ☐ Full Service  
Time: \_\_\_\_\_ AM/PM Time: \_\_\_\_\_ AM/PM

### Requester Information

Date of Request	_____
Full Name	_____
Phone Number	_____
Email Address	_____

Internal Use Only	
OIC Internal Requester	
Fund Number	_____
OIC Catering Supervisor	
Confirmed Event Date	_____
Confirmed Costs	_____
Confirmed and Submitted PO/Purchase needs	_____

Revised 4/21/24