

## **Catering Request Form**

Email Completed to form to c.w@oicofwa.org and er.g@oicofwa.org

<b>Event Informati</b>	on			
Date of Event			# of Guest	
Start Time			End Time	
Address			City, State, Zip	
Room #		(If applicable)		
Туре				
☐ Breakfast	☐ Luncl	n □ Dinn	er $\square$	Appetizer
<b>Dietary Preferenc</b>	e			
□ Vegan □	☐ Vegetarian	☐ Gluten-Free	☐ Nut Allergies	☐ Other
Option				
☐ Pick Up		☐ Delivery	☐ Full S	ervice
Time:A	M/PM	Time:AM/PM		
Requester Information Date of Request				
Full Name Phone Number				
Email Address				
				_
OIC Internal Requester				
Fund Number				
				-1
OIC Catering Supervisor  Confirmed Event Date				
Confirmed Event I	Jate			
Confirmed and Sul	bmitted PO/Purch	ase needs		

Revised 4/21/24



