



Catering Request Form

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

Event Information

Event Name: _____

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

Requestor 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