

**WILLIAM PATERSON UNIVERSITY
REQUEST FOR FOOD SERVICE**

FROM : _____ **TELEPHONE EXT:** _____

FOAP TO BE CHARGED: _____

School/Department to be charged: _____

Date of function: _____ Time: _____ AM _____ PM

Location: _____

Purpose of function: _____

Individuals Attending: _____

Number of people: _____ **Staff only:** _____ **Non-Staff:** _____ **Both:** _____

(Please check the status of attendees)

NOTE: Food Service is normally not provided to University Staff members. If staff members are to participate in the function, please attach a list of attendees to this form.

Please Breakfast: _____ Lunch: _____ Dinner: _____

Check: Coffee Service: _____ Reception: _____ Other: _____

Menu: _____

Cost per person: \$ _____ Additional charges: \$ _____

Total cost: \$ _____

APPROVALS: Dept.Chair/Director: _____

Food Service Manager: _____

Vice President _____

Controller's Office _____

Approved: _____ Denied: _____

We ask that you submit your catering request two weeks prior to your function. This form must be completed and approved by the respective Chair/Director/VP and submitted to Aramark. Aramark will forward to the Controller's office for processing and budget approval. Please allow two weeks for processing. Aramark (ext.3210) must be notified at least 72 hours in advance of any cancellations or payment will be expected. The Controller's Office (ext.2107) must also be notified of all cancellations.