

**Catering Order Sheet:
One Order Per Sheet Please**

Date of Order: _____

Event Date: _____

Event Name: _____

**Contact
Name:** _____

**Name as it should appear on bill:
(Address, etc.):** _____

Department: _____

Phone Number: _____

Fax/E-mail: _____

**Student Discount: Y or N
(Must be Recognized ISU Student Group)**

Bar: Y or N

Estimated Number of People: _____
**Location of
Event:** _____

**(Alcohol Application Turned in 28 days
before event, We do require a \$250
minimum on all bars.)**

Start Time for Service: _____

Hosted or Cash

End Time for Service: _____

Linens: Discuss with Lindsay or Jason

Type of Service: _____
(Breakfast, Lunch, etc.)

Tax Exempt: Y or N
Tax Id Number: _____
(If not on Campus)

Buffet or Served

Any Vegetarians in Attendance? _____

China or Disposable

Menu: