



# Waves Café Catering/ARAMARK Catering Request Form

Invoice #: \_\_\_\_\_

- Events will not be processed without COMPLETE billing information.
- Please read the back of this document for policies and procedures.
- The menu MUST be selected 7 days prior to the event.

Function Date: \_\_\_\_\_ Budget Code/Form of Payment: \_\_\_\_\_

Organization/Dept: \_\_\_\_\_ Function/Purpose: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Location: \_\_\_\_\_ Serve Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Guest Estimate: \_\_\_\_\_

Business Related Yes\_\_ No\_\_ (Submit Business Related Meal Statement along with authorized payment form to AP if Yes)

### Billing Information

Billing Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Food & Beverage Requirements:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Comments:

Subtotal: \$ \_\_\_\_\_

Sales Tax: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

If you are paying with an ODU account, you **MUST** provide the correct budget code with an authorized signature **BEFORE** the day of the event.

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**PRINT SIGNATURE:** \_\_\_\_\_