



Constant Center 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: _____

Catering Request Forms are accepted via email at catering @odu.edu or by fax at 757-683-6544.