



Triton College Catering Request

FACILITY & CALENDAR CLEARANCE FORM MUST BE APPROVED BEFORE FOOD CAN BE ORDERED

COMMITTEE/DEPARTMENT NAME:	
ORDERED BY:	DATE OF EVENT:
PHONE/EXT. #:	GUEST COUNT:
EMAIL :	TIME OF EVENT
LOCATION OF EVENT:	BILL EVENT TO:
<p>MEAL: <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/> MEETING</p> <p>EVENT TYPE: <input type="checkbox"/> FORMAL <input type="checkbox"/> SEMI-FORMAL <input type="checkbox"/> CASUAL</p> <p>FLATWARE: <input type="checkbox"/> DISPOSABLES <input type="checkbox"/> CHINA <input type="checkbox"/> N/A TABLE CLOTHES: <input type="checkbox"/> DISPOSABLES <input type="checkbox"/> LINEN <input type="checkbox"/> N/A</p> <p>SERVER REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO RECURRING EVENT: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

Items requested:

Special Requests:

Control Number: (To be filled out by Clavio's Café) _____		
Number of People:	Price Per Person:	Subtotal:
Service Charge:	Tax:	GRAND TOTAL:

The patron acknowledges receipt of a copy of this agreement agrees to the policies, rules and conditions of Clavio's Café and of this agreement, implied or written. The patron also agrees to pay and satisfy the total amount due on the function date.

Patron's Signature: _____ Date: _____

C.C. Rep. Signature: _____ Date: _____

Please e-mail this form to: clavioscafe@triton.edu