Catering Request Form

Date of Request: ___________________________ Contact Name: ___________________________ Phone: ___________________________

EVENT INFORMATION

Event Title: ___________________________ Date of Event: ___________________________

Number of Guests: __________ Room #: __________ Site Location: __________

EGF TRF Aerospace

Set Up Time: ___________________________ Take Down Time: ___________________________

Start Time: ___________________________ End Time: ___________________________

Special Expense Approval: (Check One)

☐ Meal and/or refreshments for group meeting or conference.

☐ Meal and/or refreshments for activity.

☐ Other

Justification why expense is in best interest of State of Minnesota:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Request Review: ___________________________ APPROVED ___________________________ DENIED ___________________________

Estimated Cost: ___________________________ If denied, explain.

________________________________________________________________________

FOOD SERVICE DIRECTOR SIGNATURE ___________________________ DATE ___________________________

KITCHEN USE ONLY

Supplies Requested:

☐ Paper ☐ China

☐ Menu

________________________________________________________________________

Type of Service Requested:

☐ Drop Off ☐ Buffet ☐ Full Service

Cost Center: ___________________________ Cost Center Name: ___________________________

SUPERVISOR/COST CENTER AUTHORITY PRINT NAME ___________________________ SUPERVISOR/COST CENTER AUTHORITY SIGNATURE ___________________________ DATE ___________________________

ESTIMATED COST MUST BE RECEIVED FROM CAFE PRIOR TO APPROVAL. THIS REQUEST IS NOT FINAL UNTIL SIGNED BY THE COST CENTER AUTHORITY.