MOORPARK COLLEGE

Request for catering services

Name of event: _____
Bill to account # (FOAP#):_____
Date/Day of event: _____Time of event _____
Set Up Time: _____ End of Event Time: _____ Clean Up Time_____
Location of event: _____
Tentative # of people to be served: _____
*(A final head count **MUST** be given to Food Services no later than 7 days prior to event.)*
Food services to be provided (be specific): _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
Requested by: _____ Date: _____
Received by:_____

To be completed by Food Services

Number of people served: _____ Price per person: $_____
Total Amount due: $_____

Signed by: _____ Date: _____
Food Services Supervisor

Please return completed form to:

Food Service Manager**:** Darren Wise: dwise@vcccd.edu
Chef Erin Blair-Villareal: EBlair-Villareal@vcccd.edu
or place in Food Service Mail Box
Moorpark College Food Court
805.378.1439