

MOORPARK COLLEGE

Request for catering services

Name of organization: _____

Name of event: _____

Bill to: _____

Account # to be charged: _____

Date of event: _____ Time of event _____

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: _____

Authorizing Signature: _____ 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