

**Catering Services Information Form for University Corporation Purchases**

Department Name: \_\_\_\_\_

**The function that is to be catered must meet the following criteria:**

It must be official university business, with no personal benefit by the official host or other University Corporation employees.

**Please complete the following information:**

Date of Function: \_\_\_\_\_

Time of Function: \_\_\_\_\_

Location of Function: \_\_\_\_\_

Reason for Function: \_\_\_\_\_

\_\_\_\_\_

**List of attendees with first and last name:** (for groups 20+, the group or organization name is sufficient, for example: Monterey County High School guidance counselors).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
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18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_