Food Service Request Form

Primary Contact Person: ______________________________  Phone #: __________________
Name of Business/Institution/Office: ______________________________________________
Address: _________________________ City: ________________  State: _______ Zip Code: ______
NTU Depts: Requester: ___________________  Supervisor: ______________________
Budget Manager/Grants Accountant: ___________________  Account#: _________________

Section I: Event Information & Description

*Please attach an agenda and/or other documents, such as flyers, memorandums and etc.*

Name of Event: _________________________________________________________________
Description of Event & Activities:

Section II: Cafeteria Requests

Requesting Date: _______________  Email: hospitality@navajotech.edu

CONTACT INFORMATION: (505) 906-5215

Requests – NTU Cafeteria: Please Select one (1) request type.
  o  Sign-In (Onsite) # of Guests: _____ (Max of 50)  Breakfast  Lunch  Dinner
  o  Sign-In (To-Go) # of Guests: _____ (Max of 50)  Breakfast  Lunch  Dinner

Two Week Advanced Request – NTU: Please Select one (1) request type.
  o  Boxed Meals   # of Guests: _____ Pick-up Date & Time: _______________________
  o  Refreshments   # of Guests: _____ Time: _____ Location: ___________________

Allergies & Special Dietary Needs:  Yes  No
If yes, please list allergy & number of guests with this specialty:

**Please note that even if the form is filled out, it does not mean that the event will be approved.**

Provide completed form to the Catering Coordinator and the invoice which will require all signatures. Completed **ORIGINAL** form is to be emailed **BEFORE** the date of your event. If the Catering Coordinator does not receive your form before your event, we reserve the right to decline the service.