

FOOD REQUEST FORM

Must be completed at least 3 days in advance.

<https://www.clemson.edu/procurement/how-to-buy-pay/goods-services/catering.html>

Event Contact: _____

Date of Request: _____

Account to be Charged: _____
(Department, Grant, Program, etc)

Estimated Cost: _____

Is there a fee to attend this event where food will be served?

Is this a private group event or open to the Clemson University population?

Meeting purpose and approx. number of attendees

Event Date and Time: _____

Event Location: _____

Check One:

Papa John’s – 656-1024

Subway – 656-3663

Chick-fil-a – 656-7900

Einstein Bros. Bagels – 656-1360

Wendy’s – located next to Schilletter

Concessions – 656-7475

Catering – 656-2058

Other _____

Please list food items individually below. Be specific.

I have reviewed the guidelines on the Aramark Catering/Food link above.

Requestor Signature _____

Business Officer Approval _____