

REQUEST TO USE OUTSIDE CATERING SERVICES

This form must be pre-approved by all parties prior to catered event.

CATERER: _____

Copy of caterer's Health Permit and Commercial General & Product Liability Insurance naming UTD as Certificate Holder is: Attached On File in AVPBA's Office

NOTE: Failure to provide this information may result in withholding of payment.

Date	Dept Contact	Mail Station	Ext.
------	--------------	--------------	------

Host / Sponsoring Dept	Type of Event	Local Funds Acct #
------------------------	---------------	--------------------

Date of Event	Time of Event	Location of Event
---------------	---------------	-------------------

Business Purpose of Event:

List names of attendees/event participants if less than 10; list name of group if 10 or more:

Department Approval _____ Date _____

Director of Food Services Approval _____ Date _____

Vice President For Business Affairs Approval _____ Date _____