



## 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: \_\_\_\_\_

CONTACT INFORMATION: (505) 906-5215

Email: [hospitality@navajotech.edu](mailto:hospitality@navajotech.edu)

Requests – NTU Cafeteria: Please Select one (1) request type.

- Sign-In (Onsite) # of Guests: \_\_\_\_\_ (Max of 50) Breakfast Lunch Dinner
- Sign-In (To-Go) # of Guests: \_\_\_\_\_ (Max of 50) Breakfast Lunch Dinner

**Two Week Advanced Request** – NTU: Please Select one (1) request type.

- Boxed Meals # of Guests: \_\_\_\_\_ Pick-up Date & Time: \_\_\_\_\_
- 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.