

BANQUET/CATERING ORDER/INVOICE FORM



Tech Cafe' Invoice No. _____

Mailing Address:
 921 South 8th Ave., Stop 8380
 College of Technology
 Pocatello, ID 83209-8380
 Index: LCUL01

Physical Address:
 777 Memorial Drive, RFC Bldg.
 Idaho State University
 Pocatello, ID 83209-8380
 (208) 282-3088

ISU Index Code _____

Customer PO No. _____

Confirmed Date _____

Confirmed Guests _____

Pay on Pick-up

ORDER INFORMATION

Contact Person: _____

Dept./Organization: _____

Authorizing Person: _____

Billing Address: _____

Phone: _____

Date of Event: _____ Time: _____

Location: _____

Number of Guests: _____

List of Participants: (Please Attach) _____

Menu and Purpose of Event: _____

Price per Person \$ _____

Food Total \$ _____

Linen & Labor Total \$ _____

Sales Tax \$ _____

Total \$ _____

Tax Exempt Number, if applicable: _____

A final guarantee of the attendance at any catering event must be received 3 days in advance. Guarantees for a Monday or Tuesday event must be received by noon on the preceding Friday.

Initial _____

You are responsible for the care of the equipment supplied with your catering order, and if the equipment is broken or lost, you are responsible for the cost of the replacement. We ask that you return equipment within 24 hours. Equipment provided:

Initial _____

By signing this form the ISU Account Director authorizes the payment of services upon completion of the event.

Initial _____

Due to health regulations, any food remaining at the end of the catering event may not be removed from the premises for personal use or consumption, but should be disposed of properly.

Initial _____

Account Director: _____

Date: _____

UBO: _____

Date: _____