



Completed form may be emailed to : [khamdy@greeneccc.com](mailto:khamdy@greeneccc.com)

EVENT INFORMATION												
Event Name				Event Date			Event Time			Serving time		
Type of Event	Carryout <input type="checkbox"/>	Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>	Appx # of persons					Budget per person \$		
CONTACT AND BILLING INFORMATION												
Contact Person				Phone			Ext. #			Email Address		
FOR NON-GCCC EVENT:												
Billing Address												
FOR GCCC EVENT:												
Purchase Order #												
<b>Payment is due upon receipt of food; Final count is due 10 days prior to event</b>												
MENU –indicate desired menu items and special dietary needs:												
FOR CULINARY USE												
Date Request Received				Extra Chef hours requested			Extra Aide hours requested					
Menu – see below or attached				Extra Chef hours approved (Supervisor initial)			Extra Aide hours approved (Supervisor initial)					
Culinary Signature:				Date			Final Count			Final Cost per Person		
<b>Please forward to Supervisor for approval</b>				Date forwarded								
FOR SUPERVISOR USE ONLY												
Date Supervisor received				Date added to Master Calendar								
Supervisor signature												
<b>Supervisor – please forward to Treasurer's Office</b>				Date forwarded								
FOR TREASURER'S OFFICE USE ONLY												
Date request received				Catering Cost \$								
Date payment received				Extra Hours Cost \$								
Payment information				Total Cost \$								