

RED ROCKS COMMUNITY COLLEGE

FOOD SERVICES – INTERNAL CATERING REQUEST

**Submit this form to the Food Services Office (room 1461) – Or email to catering@rrcc.edu
72 business hour notice minimum.**

ORDERING INFORMATION: Lakewood _____ Arvada _____

Date of Event: _____

Name of Person Making Request: _____

Set-up Time: _____

Email of person making request: _____

Room #: _____

Department _____ Ext: _____

Clean-up Time: _____

**You will be notified via email within 24 hours if your request is declined.*

Number of Guests: _____

CATERING ORDER: The menu is available on the [Food Services webpage](#)

Beverages: Please mark all that apply. If only ordering beverages, please indicate amount desired.

___ Coffee _____

___ Decaf Coffee _____

___ Hot Tea _____

___ Orange Juice _____

___ Bottled Water _____

___ Bottled Soda _____

___ Lemonade _____

___ Fruit Punch _____

___ Iced Tea _____

___ Hot Chocolate _____

___ Hot Cider _____

___ Water _____

Menu Items:

***Be sure to submit a work order for room set up to Facilities.**

INVOICE and APPROVAL:

Name of Person to send invoice to: _____ Email: _____
(Must have signature authority for the ORG code)

Name of Vice President or President for your Division: _____

I acknowledge the Official Function Form is completed and approved for this request.

Signature: _____ Date: _____

Food Services Only

Declined _____ if Declined: Date Email Notification Sent _____