# Illinois Valley Community College

## Catering Request

Email to: demiliosdeli@gmail.com

Requestor's Name: | Requestor's Phone Number:

Department: | Requestor's Email:

Event Title: | Event Location:

Event Date: | Day of the Week: | Start Time: | End Time:

Food delivery time:

Please do not request a delivery time more than 10 minutes before you intend to consume the food. Food, especially perishables, should not be left out for long periods of time, to reduce the risk of illness.

Number of participants to be served:

**Please confirm the number of participants to be served at least one week prior to the event. Your bill will be based on the last number of participants received.**

***Please notify Facilities, x300, that food will be served at this event.***

| Item | Quantity | Unit Price | Amount |
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| | | **Total:** | |

**Instructions:**

*Please do not leave food and beverages in IVCC's rooms.*
*Please dispose of the leftovers, place them in a community kitchen (C352), or put them in your department's refrigerator.*

**Departmental/Organization Approval**

Budget Officer Signature

Budget Officer's Name (typed):

Requisition #:

Purchase Order #:

DeMilio's Quote #:

Phone Number: