



Invoice No.: _____

NMJC Request for Catering Services

The Sodexo catering staff needs a minimum of 10 working days before an event in order to adequately prepare. However, **failure to submit this form with all required signatures to Sodexo at least three working days before the event could subject it to cancellation and/or you, as the Requestor, to personal responsibility for catering charges associated with the event.**

Faculty
 Staff
 Student
 Public
 Other _____

Department account number to be charged: _____

Requestor signature: _____

Additional Items Cost: Plated Service: _____ Linen per table: _____ China _____ Glasses _____ Silverware _____

Estimated Cost: \$ _____ Tax Estimate: \$ _____ Vice President Approval _____

Off Campus Event Billing Information _____

Event Information

Room requested: _____ Estimated number of guests: _____

Time guests will arrive: _____ Serving time requested: _____

Estimated clean-up time requested: _____

Please List Menu Items

Catered Meal	Snack	Special Event / Instruction

Payment Confirmation

I hereby confirm that I have received the food service/items requested above and hereby authorize payment to Sodexo.

Requestor Signature _____



Mail this form to 1 Thunderbird Circle Hobbs, NM 88240 Attention: NMJC Dining Services. For any questions or comments please contact NMJC Dining Services at 575-492-2586

OFF-CAMPUS BILLING

Company _____

Contact Name _____ Phone _____

Address _____ City _____ St _____ Zip _____