LaGuardia Community College - Campus Dining Services

MBJ Food Requisition / Catering Form

PLEASE NOTE: This completed form and all supporting documentation **must be submitted** to the Purchasing / Accounting / Grants Offices **at least seven (7) days prior to your event.** Failure to do this may result in your request being denied.
Be advised that the **College will not be liable** to pay **for catering orders without valid purchase orders and signed authorization** by the appropriate offices.

Date of Request:	Name of Event:		Food Delivery Location:
Requested By:	**Phone #:**	**Department Name:**	**Dept Authorized Signature:**
Day & Date of Service:	**Set-up Time:**	**Clean-up Time:**	**# of People Attending:**

Funding Source and Authorized Approval:

Tax Levy:

Dept/ Program #: _____
Exp Code #: Office Services - #430

Non-Tax Levy:

- ☐ College Association, Inc.
- ☐ Auxiliary Enterprises Corp.
- ☐ ECLC, Inc.
- ☐ Education Fund, Inc.
- ☐ Alumni Association
- ☐ LaGuardia Foundation
- ☐ LaGuardia Special Acct

Dept/ Program #: _____
Exp Code #: _____

RF / CUNY - Grants:

Grant Name: _____
Grant #: _____
Exp Code #: _____
Grant End Date: _____

Personal / Non-Business:

- ☐ Retirement Party
- ☐ Other Reception
- ☐ Outside Organization

Cash? Yes/No_____
Check/MO #: _____

Approved Purchase Order #:	Approved Purchase Order #:	Approved Purchase Order #:	Approved Purchase Order #: N / A
Purchasing Office Authorized Signature:	**Accounting Office Authorized Signature:**	**Grants Office Authorized Signature:**	**MBJ's Authorized Signature:**

Menu Requested:	Amount:
Total	

MBJ's Authorized Signature:	Date Approved by MBJ Food Services:	MBJ Food Services - Order #:	MBJ Food Services - Invoice #: