

**-FUNCTION BOOKING SHEET-**

DATE OF FUNCTION: \_\_\_\_\_ QTI CPK CVKQP: \_\_\_\_\_

BUSINESS PURPOSE (Required): \_\_\_\_\_ FUNCTION BOOKED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ PHONE: aaaaaaaaaa \_\_\_\_\_ FAX: \_\_\_\_\_ a

NUMBER OF PERSONS ATTENDING: \_\_\_\_\_ LOCATION - (Include room #): \_\_\_\_\_

TIME OF SERVICE: \_\_\_\_\_ SET-UP: \_\_\_\_\_ BREAKDOWN:<sup>i</sup> \_\_\_\_\_

**Credit Card\***- Master Card or Visa# : \_\_\_\_\_ Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\* Please Note: All credit card payments must be made in person.

FOAPAL \_\_\_\_\_ CHECK #: \_\_\_\_\_ MAIL CODE: \_\_\_\_\_  
CODE

**\*PLEASE NOTE:** All events booked using institutional funds must be approved prior to services being processed by one of the individuals listed below. A function can not be booked without approval. Thank You.

Please indicate UCHC Senior Executive Designee pre-approval below :

O ctni'Ukceq. School of Medicine  
Jqj p'Dtki cf c, School of Dental Medicine  
Ellen Leone, John Dempsey Hospital  
O kmg'Uwo o gtgt, John Dempsey Hospital  
Leff Geoghegan"= Central Administration

PAPER CHINA LINEN & COLOR \_\_\_\_\_

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MENU	QT.	PRICE	TOTAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Fax - 679-4831	SUB TOTAL:	_____	_____
Please fax order 48 hours in advance	ADMIN./SERVICE CHARGE:	_____	_____
	TOTAL:	_____	_____

<sup>i</sup> If ordering hot food items requiring Sterno, please contact the Food & Nutrition Department immediately after your event so that we can safely break down the chafing dishes. **Thank you for your business!** Food & Nutrition Department - ext. 2803 or ext. 4866.