

CATERING EVENT ORDER FORM
(Required by CareFirst Accounts Payable)

- **EVENT DAY/DATE -**
- **REQUESTED TIME OF DELIVERY -**
- **REQUESTED TIME OF PICK UP -**
- **CONTACT NAME/NUMBER -**
- **EVENT LOCATION -**
- **PURPOSE OF EVENT -**
- **COST CENTER -**
- **NUMBER OF GUESTS –**
- **SPECIAL REQUIREMENTS _____**
- **EVENT LIST OF ATTENDEES –**

BREAKFAST & EARLY MEAL SELECTION -

LUNCH MEAL SELECTION –

SNACK SELECTION –

BEVERAGE SELECTION -