LaGuardia Community College - Campus Dining Services

31 - 10 Thomson Avenue
Long Island City, NY 11101

Food Requisition / Catering Form

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

Dept/ Program #: _____
Exp Code #: _____

RF / CUNY - Grants:
Grant Name: _____
Grant #: _____
Exp Code #: _____

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:**

***** All Food Requisitions payable by the College must have a valid departmental authorized signature, funding source with appropriate coding, a PO #, and an authorized signature of approval in order for the cafeteria to process your request.**

***** Special Note for Tax Levy Orders *****

The following rates will be accepted for payment by the college. Any function above and beyond these rates will not be paid by NYC.
Breakfast = $3 per person Light Snacks / Refreshments = $3 per person Lunch = $8 per person

Menu Requested:	Amount:
Total =	$0.00

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