Procedure for College Departments, Offices, Organizations and Programs to Request Campus Catering Services

- All internal catering requests must be initiated by the Internal Request for Catering Form. **NOTE:** Purchase requisitions are not used.

- Internal request for Catering forms **must be fully completed** by requestor before submission to the Conference Center Office or food service manager. To include:
  - budget code number
  - information requested on middle of form (catering menu is available on website with pricing at www.cccnj.edu/CEC)
  - all required signatures of approval.

  - Approval signatures include: Originator, Supervisor, Exec. Dir. Grants Dev. (for grants only), Dir. Student Activities (for student activities only) and Comptroller (for cost exceeding $500).

- Please allow three business days for approvals. Grant or student activities code may need five business days for the approval process. If the time period is limited, it is the requestor's responsibility to hand deliver the request form to all required signature recipients.

- **Completed ORIGINAL request forms are then submitted** to the Conference Center Office. Larger events require additional processing time. **Events scheduled in the Conf. & Events Center need catering for contract completion (within 14 days prior to event date).**

- After the event, a copy of the invoice with final costs for department/organization is sent to the originator for their review. **No further paperwork is needed at this time.** If there are any questions or concerns with the invoice received, contact Beatrice Hughes at x 1211.
Internal Request for Catering

Department, organization or club: __________________________________________
Name of person making request: __________________________________________

Billing Information

CCC Budget Code: ____________________________
Account for Billing: ______________________________________________________
Phone ext: ____ Signature: __________________________ Date: ________
Supervisor’s Signature: __________________________ Date: ________
Student Activity or Grant Approval Signature: __________________________ Date: ________
*Not to exceed $500 without approval from Comptroller: _________________________

Request Information

Date of event: __________ Room: ______________________________
Service Time: __________ Event Time: _______ End Time: __________
Name of Event __________________________ Number of people: __________

Breakfast __________________________________________________________
Lunch _____________________________________________________________
Dinner _____________________________________________________________
Refreshments _________________________________________________________

Special Comments: _________________________________________________
*Estimated Cost ______________________________

Food Services Manager Only

Date reviewed w/food service staff __________ Final Cost __________
Comments: _________________________________________________________
Approved: __________________________ Date: _______________________

Food Services Manager

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