FOOD REQUEST FORM

Log #	

This form must be submitted at least 4-weeks in advance. Reimbursement is no longer allowed on food orders, please reach out to **grossmont.bcs@gcccd.edu** for any food-related questions.

Requestor Name		**Phone #**	
Requestor Email		**Department**	

Vendor & Payment Information

Event Title	

Event Date(s)	**Event Location**

If the event is for multiple months, please put months the event will occur in.

Vendor	**Event Purpose / Justification**

# of Staff			
# of Students			
# of Community		**Event Type**	

Any requests that are requesting a caterer to serve food on-campus (Genuine not included) requires a purchase requisiton to be submitted into workday with a health permit, certificate of insurance, quote, and fully approved food request.

Budget Information

Smartkey 1		$	**Notes:**
Smartkey 2		$	
Smartkey 3		$	
TOTAL COST	$		

Requestor		**Date**	
Dean/Supervisor		**Date**	
Cost Center Manager		**Date**	
Department VP		**Date**	
Budget Review		**Date**	
VPAS		**Date**	

Event Flyer Attached? ☐