COLUMBUS STATE
COMMUNITY COLLEGE

Catering Request Form

(for Columbus State Departments only)

Initiated By | Email

Department | Phone

Date of Event | Time of Event | Number of Guests

Location of meeting

Building | *Room* | Name of Event/Meeting

Selected Caterer:

MENU SELECTION

Quantity	Item

Quantity	Item

Special Request(s):

Please choose one:

Please choose one:

Serving Time

Clean-up Time

Please send a copy of this form to your caterer when placing an order. Please upload the completed form in Workday, along with your quote as part of your Requisition. Your vendor will need a P.O. number in order to proceed.

Please contact Food Services at 614-287-3913 or foodservices@cscc.edu if there are any questions.

Revised
08/29/2023