

Office of Campus Activities  
Student Organization Request for Eating Supplies

\* Eating supplies must be ordered 3 business days before needed \*

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Student Organization: \_\_\_\_\_ Account No.: \_\_\_\_\_

Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Quantity of each item requested (*if none, leave blank*):

Number of Forks/Knives/Spoons: \_\_\_\_\_

Number of Plates: \_\_\_\_\_

Number of Bowls: \_\_\_\_\_

Number of Cups (12 oz.): \_\_\_\_\_

Number of Napkins: \_\_\_\_\_

OFFICE USE ONLY

Date Requested: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Completed By: \_\_\_\_\_

Picked Up By: \_\_\_\_\_