

# SCU Catering Form - Over \$750

**This form must be completed 14 days prior to the event.**

Bon Appetit has the first right of refusal for ALL events using food/drink with a dollar amount over **\$750**. When planning an event, please contact Bon Appetit first and describe to them what kind of food you would like at your event. If Bon Appetit is unable to accommodate your catering request then an external caterer or food truck may be used. A fee of 7.5% based on the food/drink invoice is to be paid to Dining Services. If serving alcohol at your event, it must be served by Bon Appetit. **FOOD THAT IS CATERED IS NOT TO BE RESOLD FOR PROFIT OR FUNDRAISING.**

Department/Organization Name: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

## **Bon Appetit Notification**

**Bon Appetit Catering: [catering@scu.edu](mailto:catering@scu.edu) Phone: (408) 554-1792**

Bon Appetit Notification Date: \_\_\_\_\_

If Bon Appetit is unable to accommodate your catering request, email this completed form to [auxiliaryservices@scu.edu](mailto:auxiliaryservices@scu.edu), along with either a signature from Bon Appetit or an email from Bon Appetit stating they cannot accommodate your request.

Appetit GM or Catering Mgr Signature (or attach email)

**If Bon Appetit CANNOT accommodate your catering request - Please provide External Caterer or Food Truck information below. Email completed form to [auxiliaryservices@scu.edu](mailto:auxiliaryservices@scu.edu).**

1. Name of External Caterer or Food Truck: \_\_\_\_\_
2. Food Truck Parking – Campus Safety Must Be Notified and Location Confirmed: Yes No  
Location of Food Truck Parking: \_\_\_\_\_
3. Please email the INVOICE from the caterer or food truck to Auxiliary Services ([auxiliaryservices@scu.edu](mailto:auxiliaryservices@scu.edu)) within 7 days after your event.
4. Workday Budget String (7.5% fee): \_\_\_\_\_

## **Signatures Required:**

**Faculty/Staff Requester:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Auxiliary Services Approval** \_\_\_\_\_ **Date:** \_\_\_\_\_