

Northern Maine Community College

Request For Use Of Facilities And Food Services



Date: _____ Coordinator Approval: _____

Organization _____ Office Approval _____

Contact, Phone No: _____ Number Expected: _____

Function Description: _____

Date(s) Requested: _____ Time(s): _____

Facility Assigned: _____ Room(s): _____

Facility Assigned: _____ Room(s): _____

Special Set-up or Equipment Needed: _____

Food Service

Meals	Number	Date(s), Time(s)	Serve Method	Location
Breakfast				
Brunch				
Luncheon				
Dinner				

Special Instructions _____

Refreshments	Number	Date(s), Time(s)	Serve Method	Location

Special Instructions _____

Billing Information

Quantity	Price	Total	Billing Address or Fully Qualified Account No.
			Approved:

Copies to: Food Service Billing, Kitchen, Maintenance, Coordinator, Business Office, Originator