

# DIVINE WORD KITCHEN SERVICE REQUEST

Event Name: \_\_\_\_\_

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

Location: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Guest Count: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_

Department: \_\_\_\_\_ Account Number: \_\_\_\_\_

Event Description:  
(Include setup, food,  
and beverage needs.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_

Event Approval

Estimated Expense \_\_\_\_\_

Steven Winger \_\_\_\_\_

Submit form to Steven Winger, VP Operations, Box 142. Form must be submitted at least two weeks prior to date of event.

Last Updated: \_\_\_\_\_