

SPECIAL FUNCTION ORDER

TEL (202) 806-7401 FAX (202) 265-0642

ORGANIZATION HOLDING FUNCTION
Name
Address
Representative
Telephone Number
Charge To:

Type of Function
Date of Function
Room (s) Assigned
Food Prepared on Site _____ or Delivered _____
Time of: Arrival _____ Bar Open _____ Coffee AM _____ Serving _____ Bar Close _____ Coffee PM _____

	Number		Number
Persons Guaranteed		Waitresses	
Persons to prepare for		Bartenders	
Persons at Head Table		Tables	
		Chairs	

MENU

Table Ware	China		Paper	
Utensils	Silver		Plastic	
Linen	Cloth		Paper	
Hors D' oeuvres	Yes		No	
Cake	Yes		No	
Candies	Yes		No	
Flowers	Yes		No	
Signs	Yes		No	
Guest Book	Yes		No	
Gift Table	Yes		No	
Table Numbers	Yes		No	

ADDITIONAL COMMENTS

Price Per Person	
Tax	
TOTAL	

MAKE CHECKS PAYABLE TO:
SODEXHO
P.O. BOX HOWARD UNIVERSITY, WASHINGTON, DC 20059

Payment Terms	Invoice		Caan		Need Client Requisition	Y	N
Bar Arrangements	Cash		Open		Actual No. of Persons		
	Chit		Other			Invoice No. (Acct'g Dept)	

No. Guaranteed x Total Per Person	
EXTRAS:	
TOTAL	

SODEXHO WILL NOT ACCEPT CHANGES
 IN NUMBER GUARANTEE NO LATER THAN
24 HOURS IN ADVANCE OF THE EVENT

_____ AM
 Date _____ Hour _____ PM

 Representative Date _____

 Organization Representative Date _____