

# BANQUET/CATERING ORDER/INVOICE FORM



Tech Cafe' Invoice No. \_\_\_\_\_

**Mailing Address:**

921 South 8<sup>th</sup> Ave., Stop 8380  
College of Technology  
Pocatello, ID 83209-8380  
Index: LCUL01

**Physical Address:**

777 Memorial Drive, RFC Bldg.  
Idaho State University  
Pocatello, ID 83209-8380  
(208) 282-3088

ISU Index Code \_\_\_\_\_

Customer PO No. \_\_\_\_\_

Confirmed Date \_\_\_\_\_

Confirmed Guests \_\_\_\_\_

Pay on Pick-up ☐

## ORDER INFORMATION

Contact Person: \_\_\_\_\_

Dept./Organization: \_\_\_\_\_

Authorizing Person: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Time: \_\_\_\_\_

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

Number of Guests: \_\_\_\_\_

List of Participants: (Please Attach) \_\_\_\_\_

Menu and Purpose  
of Event: \_\_\_\_\_

Price per Person \$ \_\_\_\_\_

Food Total \$ \_\_\_\_\_

Linen & Labor Total \$ \_\_\_\_\_

Sales Tax \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Tax Exempt Number, if applicable: \_\_\_\_\_

A final guarantee of the attendance at any catering event must be received 3 days in advance. Guarantees for a Monday or Tuesday event must be received by noon on the preceding Friday.

Initial \_\_\_\_\_

You are responsible for the care of the equipment supplied with your catering order, and if the equipment is broken or lost, you are responsible for the cost of the replacement. We ask that you return equipment within 24 hours. Equipment provided:

Initial \_\_\_\_\_

By signing this form the ISU Account Director authorizes the payment of services upon completion of the event.

Initial \_\_\_\_\_

Due to health regulations, any food remaining at the end of the catering event may not be removed from the premises for personal use or consumption, but should be disposed of properly.

Initial \_\_\_\_\_

Account Director: \_\_\_\_\_

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

UBO: \_\_\_\_\_

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