

EVENT FORM

Kaua'i Community College Culinary Arts Department

DATE:	EVENT:	LOCATION:
CONTACT:	PHONE:	TIME: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TENTATIVE COUNT:	GUARANTEED COUNT:	PLEASE GUARANTEE COUNT BY: GUARANTEED BY:
UNIT PRICE: \$	TOTAL CHARGE: \$	BILL TO:
for dept use only: Circle (1) acct 2244492 REVOLVING		2301728 CULINARY PRODUCTION
<u>MENU:</u>	<u>SET UP:</u>	
<u>LINEN:</u>	<u>SUPPLIES: (Dishware & Serving Utensils)</u>	
CUSTOMER NAME & ADDRESS:	<u>TAX NUMBER:</u> FEIN SSN OTHER	
<input type="checkbox"/> KCC APPROVAL (Culinary Personnel) BY: SIGNATURE: _____ DATE: _____	CLIENT ACCEPTANCE: SIGNATURE: _____ DATE: _____	