

COFFEE RECEPTION REQUEST FORM

Contact Person: _____

Date Submitted: _____

Event Title: _____

Purpose:

Date of Reception: _____ Event Time: _____ Location: _____

Begin Set-up Time: _____ Room Number _____

Dismantle Time: _____

*** No less than 24 hour notice, please!**

*** Large urns require 1 hr. to heat**

Available Supplies:	Large Coffee/Tea Urns *	Small Coffee/Tea Urn
	Small Coffee Pot (12 cup)	Basket of Tea Selection
	Coffee Creamers/Sugar	Cups/stir sticks/spoons/etc.
	Air pot	

Expected Attendance Numbers: _____ *Note: 2 large urns available; specify how many you will need for this event.

If there are specialty items needed, such as veggie trays, cookies, cider/cocoa – these will only be supplied upon request and @ your expense. *Sorry!*

ADMINISTRATION USE

Project Status: Approved
 Denied

S.U. President Approval: _____ Date: _____

Advisor Approval: _____ Date: _____

NOTES:

Officer(s) assigned to task:

Grocery List: