

ERB MEMORIAL STUDENT UNION
CATERING APPLICATION AND AGREEMENT

ERB MEMORIAL STUDENT UNION
REQUEST FOR REFRESHMENTS

Your request for refreshments must be submitted at least 24 hours in advance of service.

Organization Haradon Coffee Hour Advisor _____

Date of event May 4 - 1951 Hour - from 4 P to 5 P.

Person responsible Dr. Baldinger Phone _____

Meeting to start at 4 P Refreshments to be served at 4 P M

Number 100 Guarantee 100 Number served _____

A final guarantee must be made 24 hours before the event.

Location of refreshers table _____
Please make seating arrangement if you have any preference.

MENU: Coffee
Cookies

PRICE: 12⁵⁰ APPROVED BY W DATE 4/30/51

PRICE: 90 APPROVED BY W DATE 4/30/51

Signed N. S. Baldinger Signed _____ ERB MEMORIAL STUDENT UNION

By _____ By W

Special charges _____

Bill as follows Dr. Baldinger

Cash _____ Check _____ Trust fund account _____

It is understood that service is to begin at _____ If any delay results which in the opinion of the department is unreasonable, there will be an extra service charge to cover the cost of the overtime for employees involved.

Signed _____ Signed _____ ERB MEMORIAL STUDENT UNION

Special charges _____

Bill as follows _____



FRB MEMORIAL STUDENT UNION
REQUEST FOR REFRESHMENTS

Your request for refreshments must be submitted at least 24 hours in advance of service.

Organization Phi Kappa Phi Address 1190

Date of event 11-17-71 Hour - from 10:00 to 11:00

Person responsible Mr. [unclear] Phone 1190

Meeting to start at 10:00 Refreshments to be served at 1190

Number 100 Guarantee 100 Number served 100

A final guarantee must be made 24 hours before the event.

Menu: Coffee
Cakes

Special charges None
Bill as follows None

PRICE: 10.00 APPROVED BY [Signature] DATE 11/17/71

Cash None Check None Trust fund account None

Special charges None
Bill as follows None

Cash None Check None Trust fund account None

Special charges None
Bill as follows None

Cash None Check None Trust fund account None

