

## HOW TO PLACE AN ORDER

**Procedure for ordering catering services from the HOA *The Marketplace (Snack Bar)*/ HOJ *The Bistro 800 (Cafeteria)*.**

All services will be provided through the Bistro 800 (old cafeteria). You can contact the Snack Bar at 658-2876; HOJ Cafeteria at 650-1146 to make arrangements.

Ordering for an event is easy, by clicking on the link to download an order form, completed and either mailed, faxed (650-1171) or hand delivered.

<http://vcweb/gsa/purch/docs/cateringrf.pdf>

**Note:** *It is very important to identify HOA or HOJ.*

To make proper arrangements -- we need at least a **one (1) week** notice.

Requestors will need to have the following information: day, date, event start time, event end time, payment information and your menu selection.

Events will be billed based on agency/department instructions.

The catering request form should be completed and submitted via e-mail, at: "Ventura County Government Center" <[vcgc@e-issi.com](mailto:vcgc@e-issi.com)>

The manager/assistant manager in turn will create a contract for the services and cost. A copy will be provided to the department for review and acceptance.

Cafeteria manager confirms orders.

Departments provide a budget number for charges to the HOJ Bistro 800 Cafeteria manager.

Departments pick up items from either the Bistro 800 cafeteria or The Marketplace snack bar.

The catering department will send you a confirming email 24 hours prior to your event.

**Office hours:**

Office hours are 8 a.m. - 4 p.m., Monday – Friday however, you may leave a message anytime and someone will get back to you during the next business day.

**Ventura County  
Government Center  
Catering Request Form**

Department: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of event: \_\_\_\_\_ Time of event: \_\_\_\_\_

Pick Up Time: \_\_\_\_\_ Delivery Time: \_\_\_\_\_

Location of event: \_\_\_\_\_

\*Tentative # of guest to be served: \_\_\_\_\_

Food services to be provided (be specific):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Budget # \_\_\_\_\_

\_\_\_\_\_  
Requested by \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_  
Authorizing Signature

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***To be completed by Food Services***

No. of guest served	Price per guest	Amount due

\_\_\_\_\_  
Date: \_\_\_\_\_  
Signed by: Food Service Director

**\* The final head count will be used in computing the charge to be paid to Food services**