

**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

To be completed by Food Services

No. of guest served	Price per guest	Amount due

Signed by: Food Service Director _____ Date: _____

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