

**Northern Illinois University
HSC Campus Catering Refreshments Form**

Refreshment Service Agreement Form

Department Name: _____ Date of Event: _____
Client Name: _____ Guaranteed Attendance: _____
Phone #: _____ Start Time: _____ End Time: _____
Fax #: _____ Account Number: _____
Set up Location & time: _____ Equipment pick up: _____

NAME OF PACKAGE _____

_____ X _____ = _____
Number of Guests Package Cost P/P Estimated Total

List of Choices:

- 1) Ice Water Service included
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

Additional Linens: Tables clothed and skirted \$25.00 each.
Tables clothed for guests (rounds, cocktail rounds, 6 ft. or 8 ft. tables) \$5.00 each

Today's Date _____ Customer Signature _____

(Office use only: Order Guaranteed By: _____)

Service Agreement: Total above is an estimate. Actual total will be billed after service due to event's additional needs or requests.
Sales tax will be waived with advance presentation of valid tax exemption letter. (NIU exemption letters already on file.)