

**IU Kokomo
Food Service Request Form**

To guarantee service this form must be submitted two weeks prior to the date of service.

Name of contact: _____

Address/Department: _____

Tel #: () _____ Email: _____

Date of Event: _____ Time of Event: _____

Event: _____ Sponsored by: _____

*Location of Event: _____

IU Event [] External Event: []

Estimated attendance: _____ Students: _____

(Please indicated the number of students involved to avoid being taxed)

Account number: _____ Account Title: _____

Account Manager or person responsible signature: _____

Date: _____

Please complete the form and submit directly to AVI Food service.

*Facilities request are handled separately thru [the Office of Special Facilities](#)