

**Catering Request**

2701 S. York Street, Denver, CO 80210; p: 303.756.9481; lkelly@st-annes.org; tjones@st-annes.org

Please return this form to Lucy Kelly
no later than noon on Wednesday, two
weeks prior to your event. Lucy will
give the form to Sodexo. Thank you!

Lucy Use Only

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| --- | --- |
| Copy given to Thesala |  |
| Notes:  |

|  |  |
| --- | --- |
| Date of Event:  | Budget:  |
| Est. Guest Count: | Location of Event:  |
| Time Event Starts:  | Time Event Ends:  |
| Person Requesting Catering:  |
| Contact Phone:  |
| Contact E-mail:  |
| Event:  |

Sodexo Use Only

|  |  |  |
| --- | --- | --- |
| Date Order Received: |  | Notes: |
| Date Order Confirmed: |  |
| Regular Budget (Y/N) |  |
| Date Invoice Sent: |  | Date Payment Received: |  |

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| --- |
| Description |
|  |