

**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

|  |  |
| --- | --- |
| 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 |
|  |