SUNY POLYTECHNIC STUDENT SODEXO CATERING CLEARANCE FORM

Signatures – Student Association Advisor: Student Association Treasur Student Club Advisor: Student Club Treasurer:	GENERAL te of Event: FOR STUDENT USE ON CEIVED. THIS FORM IS CE THE ACCOUNT NUM	S TO BE USED FO	Begin & 1	End Time:
Student Association Advisor: Student Association Treasure Student Club Advisor: Student Club Treasurer: # of Attendees: Da Name of Event: Location: PLEASE NOTE: THIS FORM IS CATERING SYSTEM ONCE RE APPROVED FOR SERVICE ON PLEASE CONTACT YOUR STU CATERING MUST BE FINALIZ	GENERAL te of Event: FOR STUDENT USE ON CEIVED. THIS FORM IS CE THE ACCOUNT NUM	Set Time:	Begin & 1	End Time:
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	ED IN ADVANCE WITH SS THAN 24 HOURS OF	OFFICE MANAGER I FINAL COUNTS	R <u>OR</u> UNIVERSITY CO DUE 2 WEEKS PRIOR ASSESSED ADDITION	ONFERENCES & EVENTS. A TO THE DATE OF YOUR
Please check all applicable China Svc. Wait	e selections: ter Svc. Linens on	Duffat Lir	nens/all tables	Black Plastic
		enterpieces	Buffet	Grill
		stro tables	Picnic tables	C
Special dietary restrictions	? Please specify:			