Café 101 Student Center, 394 Lenox Rd, Room 2-20 Phone 718-270-2449, Fax 718-270-4461, DMC Mail Stop# 1214

Instructions: (1) Event Coordinator completes form which must include the payment method and its authorized signature, deliver or fax to Café 101. Café 101 will discuss event all event pricing with you in advance of your event. Call Café Mgr Ernest Sgaglione @ cell 347-683-3383 for any last minute urgencies or changes. (2) Once all details and price is agreed, Café 101 will return this form to you with the agreed upon pricing for event. (3) Event Coordinator or designee must complete last section Payment Authorization at the event.

Event Coordinator's Name:		Title:		
Department Name:		Fax Number:		
Phone #:	Alt Phone# (cell phone, etc.)	DMC MailStop#:		
Event Description:	Number of People*:			
Date of Event: Day of Week Month	Day Year	Start Time:End Time:		
Location of Event:	Room #			

Special Instructions: Catering Package # from Catering Menu (link), any specific food selections or instructions (attach any additional pages if needed)

X Event Coordinator's Signature:		Date:		
Method of Payment: State Funds: 8 digit Account #		State PO#(required before event):		
(check one)	 Research Foundation Faculty Student Association (FSA), Inc. HSCB Foundation, Inc. Other (specify):			
X <u>Authorized Signature(s)</u> for Above Pmt Method Acct:				
Printed Name:		_ Telephone Ext:	DMC MailStop#:	
	<u>101 Completion Only</u> . This is Your Ca per person,	•	be returned to you by fax.	
Café 101 Approval/	Acceptance signature:		Date	
	pon delivery of catered items a price is per person and higher than initial order):	t the event - Payment Auth	orization:	

Acceptance of Satisfactory Completion: ____

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