



**SODEXHO CAMPUS SERVICES**  
 framingham state college  
 100 state street  
 framingham, ma 01701  
 telephone: 508.626.4095  
 facsimile: 508.626.4013



**Section 1 NO FRILLS EVENT ORDER FORM**

<b>Contact Person:</b> _____ <b>Phone Number:</b> _____ <b>Address:</b> _____ <b>City, State, Zip:</b> _____ <b>Email Address:</b> _____ <b>Pick Up Time:</b> _____ <b>All orders must be picked up by 8PM on Weekdays or 7PM on Weekends</b>	<b>Date Of Event:</b> _____ <b>Day:</b> _____ <b>Group:</b> _____ <b>Event:</b> _____ <b>Location:</b> Dining Services Office <b>Guest Count:</b> _____ <b>Type Of Event:</b> NO FRILLS PICK UP
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Section 2	# OF GUESTS	MENU SELECTED	UNIT PRICE	PRICE
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Section 2	# OF GUESTS	MENU SELECTED	UNIT PRICE	PRICE
				\$0.00

- Instructions:**
1. Please complete all of Section 1. Incomplete orders will not be accepted.
  2. Choose your menu from the No Frills Catering Guide and fill out Section 2, including all pricing information.
  - 3a. SICE Members - obtain a PO# from SICE and sign the completed event order in the space provided below.
  - 3b. RA's - Please have your RD obtain a PO# and sign the completed event order in the space provided below.
  4. Please return completed order forms to the Catering Manager at least three (3) business days prior to your event. Orders must be approved by a manager before you leave.
  5. All changes must be made at least three (3) business days prior to your event.

Please note that this event order is for estimating purposes only. An invoice will be provided for payment.	<b>TOTAL \$0.00</b>
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<b>Recived by:</b> _____ <b>DATE:</b> _____  <b>Visit us online at:</b> <a href="http://www.framingham.edu/dining_services">www.framingham.edu/dining_services</a>	<b>Signature of Person Ordering Food:</b> _____ <b>PO#:</b> _____ <b>RD Signature:</b> _____
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