



STONY BROOK
SOUTHAMPTON

STATE UNIVERSITY OF NEW YORK

SPECIAL EVENTS CATERING CONFIRMATION

Phone 631-632-5100

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Event Date: _____ Department: _____

Location: _____ Booked By: _____

Event Start Time: _____ Telephone: _____

Fax: _____

Event End Time: _____ Billing Address: _____

Type of Service: _____

Type of Event: _____ Source: State, RF, Other (specify) _____

Number of Guests: _____ Purchase Order #: _____

P - Card #: _____

Card Expiration: _____

Summary of Services

Summary of Charges

Food (pp)	
Deliveries	
Wines	
Wait Staff	
Rentals	
Overtime	
Flowers	
Linens	
Flat Fee	
Price/Person	
Subtotal	
Tax	
TOTAL	

Signature is required for Confirmation of Event

Signature: _____

Date: _____