



# Café 101 Catering Form

1001 E. Chestnut Expressway, Springfield, MO 65802

Catering Manager: Adrianna Portillo

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**PLEASE SUBMIT ORDER FORM A MINIMUM OF 10 BUSINESS DAYS PRIOR TO THE EVENT**

## CUSTOMER INFORMATION

Name: \_\_\_\_\_ Department (if internal): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Budget Code (if internal): \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## BILLING INFORMATION

Check    Visa    Mastercard    Departmental Budget Code

## EVENT DETAILS

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_  
Event Location: \_\_\_\_\_ Number of Guests: \_\_\_\_\_

Is Catering Being Delivered?    Yes    No

    If yes, what time does the order need to be set up by?

    If yes, what time does the event end?

Is Catering Being Picked Up?    Yes    No

    If yes, what time will the order be picked up?

    If yes, what time does the event end?

## ORDER INFORMATION

Food Allergies/Restrictions: \_\_\_\_\_

Food Selection from Catering Guide:    Buffet    Boxed/To-Go

Beverage Selection(s): \_\_\_\_\_

    Ice Water – No Infusion    Citrus Infused    Cucumber-Mint Infused    Lemon Strawberry Infused

    Coffee – House Blend (Mild)    Jamaican Me Crazy (Medium)    Blue Nile (Dark)    Decaffeinated

    Tea – Sweet    Unsweet

    Juice – Lemonade    Pink Lemonade    Apple    Orange

Additional Information: \_\_\_\_\_