



H.U.B. catering Request Form

*A two-week advance notice is requested

Name of Event: _____ Date: _____

Contact Person (email): _____ @hbcguam.net (cell phone): _____

Event Location: _____ Start Time: _____ End Time: _____

Total Attendance: _____ Delivery Time: _____ Delivery Location: _____

Check One	Price	Servings 8 oz	Servings 12oz	Total Gallons
	\$10	12	8	1 airpot (3/4 gallon)
	\$20	24	16	2 airpot (1 1/2 gallon)
	\$30	48	32	3 gallon cambro
	\$50	80	53	5 gallon cambro
	\$100	160	106	10 gallon cambro

Additional Details or Requests: _____

prices listed includes cups **only for events with less than fifty (50) people.*

**includes creamers, stirrers, sugar/sweeteners.*

BILLING DETAILS:

Department to be billed: _____ GL Acct. #: _____

Director's Signature: _____ Print Name: _____ Date: _____

Accounting Use Only

Total Number Prepared For: _____

Amount per Person: \$ _____