

Catering Order

GIFT CARD

Interurban Campus
Please allow 72 hours notice

SAVE this form on your PC;
complete it and email it to:
culinaryarts@camosun.ca

All events must comply with Camosun College policies and protocols

Today's Date: _____ **Event Title:** _____
(dd/mmm/yy)

Department/School		Event Date (day, month/date/yyyy):	
Contact Person		Location	
Contact Phone #		Time	
GL Cost Centre #*		# of People	

* **NOTE:** Please provide the full 12 digit Cost Centre Code using 1 of the 3 'object' codes below

A) **6615** (if it is primarily for non-Camosun employees) B) **6616** (if it is primarily for Camosun employees) C) **7161** (if is primarily for students)

Special Instructions	
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Item	Amount	# Required	Total Cost
GIFT CARD (Helmut Huber Cafeteria)			



*All prices are subject to
change without notice*

SUB-TOTAL	
TOTAL	