



## RFP

### GUEST/EVENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Event Title: \_\_\_\_\_ Department (if applicable): \_\_\_\_\_  
Date of event: \_\_\_\_\_ Estimated Guest Count: \_\_\_\_\_  
Location: \_\_\_\_\_ Room: \_\_\_\_\_  
Room Access Time: \_\_\_\_\_ Event Start Time: \_\_\_\_\_  
Cater Ready Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_  
Budget: \$ \_\_\_\_\_ (per person/overall spend)

### UC Davis Affiliates – Please Provide Payment/Account Information – if no entry, then enter zero's

Employee #: \_\_\_\_\_  
COA/Account String#: \_\_\_\_\_  
Entity (4) | Fund (5) | Department (7) | Natural Account (6) | Purpose (2) | Program (3) | Project (10) | Activity (6)

### EVENT DETAILS

Style of Services Requested: \_\_\_\_\_  
*(Hors D'oeuvres Reception, Buffet, Plated Meal) – (Will Bar Service be Needed)*  
Occasion/Type of Event: \_\_\_\_\_  
*(Conference, Birthday, Anniversary, Wedding, Social Gathering)*  
Known Dietary Restrictions/Concerns: \_\_\_\_\_

Menu Selections/Other Event Details: