**Department of Family Medicine**

**Ordering from *At Your Service* Catering**

* Visit the website to view menu and cost: <https://www.uclahealth.org/catering/>
* Fill out a catering request form –the requestor should sign as the “host” since you are the contact person
* Have your Authorizer (PI or other assigned authorizer) review and approve the form
* Submit to Fund Manager
* Fund Manager will return a copy of the signed form via email to both the requestor (to confirm order with catering) and Valencia (to process the internal recharge)
* The requestor sends the signed form by email to Peter Gamboa PGamboa@mednet.ucla.edu and Vinod Mangal VMangal@mednet.ucla.edu for processing
* The requestor should confirm the order with catering 2-3 days before event

Ronald Reagan UCLA Medical Center

Department of Nutrition / At Your Service Catering Services

Section 1 - Client Information (Billing)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Recharge ID |  Dept. Code | Loc      | Account      | CC      | Fund      | Project      | Sub      | Object      |
| Service Order Request:**[x]** Catering**[ ]** Café Med [ ]  Store Room | **EMAIL:** |  |
| Type of Service:**[ ]** Breakfast [ ]  Lunch [ ]  Box Lunches [ ]  Dinner **[ ]** Light Refreshment**[ ]** Supplies |
| **Department:**  |  |
| **Requested By:** |  | **Phone:** |  | **Fax:** |  |
| **Number of Guests:** |  | (Attach List With Names, Titles, Department/Affiliations) |
| SECTION 2 – Event Information |
| **Name or Type of Event:**  |  | Guidelines for Use of University Funds* Meetings of a learned society or organization
* Meetings of an administrative nature
* Student-oriented meetings
* Meetings with prospective
 |
| **Detailed Purpose of Meeting/Supplies:** |       |
|  |
|  |
| **Date of Event:**  |  | **Day:** |  |
| Delivery Location: |  |
| **Pick Up By Customer:** **[ ]**  | **Pick Up Location:** |       |
| **Time of Event** | **Terms of Payment** | **Check**  | **Type of Service** | **Check**  | **Separate Charges (Estimated)** |
| Set-Up: |  | 1. Cash/Check | [ ]  | 1. On China | [ ]  | 1. Rental: |  |
| **Start:** |  | 2. VISA/MC/AMEX: | [ ]  | 2. Disposable-Paper | [ ]  | 2. Floral: |  |
| Pick-Up |  | 3. Debit Card: | [ ]  | 3. Disposable-Plastic | [x]  | 3. Labor: |  |
|  | 4. Recharge:  | [ ]  | 4. Buffet Style | [x]  | 4. Other: |  |
| (See Section 1 above) |  | 5. Full Service Sit-Down | [ ]  |  |
|  | 6. Box Lunches | [ ]  |
| SECTION 3- Description of Service |
|  | Unit Price | Amount |
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| SIGNATURE IS REQUIRED BELOW FOR ALL USE OF UNIVERSITY FUNDS |

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**UCLA Medical Center/UCLA Hospital System**

**Catering Request Form**

As Official Host of the above event, I approve this expenditure and certify that the expenses are for official University purposes only.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |       |  |       |
| Signature of Host |  | Printed Name of Host |  | Date |
|  |  |       |  |       |
| Signature of Supervisor/Department Head |  | **Printed Name of Supervisor/Department Head** |  | Date |
| Authority for exceptional approval for UCLA Healthcare resides with the President, Provost, Senior Vice President, Chancellors, Principal Officers of the Regents, or their designees. |
|  |  |       |  |       |
| Signature of Designee |  | Printed Name of Designee |  | Date |

RONALD REAGAN UCLA MEDICAL CENTER

AT YOUR SERVICE CATERING SERVICE

757 Westwood Boulevard Los Angeles, Ca. 90095

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