

RHEMA CHRISTIAN CENTER
CAFE' SERVICE REQUEST FORM
 For In-House/On-Site Events

1. Please complete the form below and submit it to the Director of Finance at Least 6 weeks prior to your approved scheduled event. Please keep a copy for your records.
2. The Director of Finance will meet with or forward a copy of the request form to the Cafe Director at least 4 weeks prior to the approved scheduled event. The Cafe` Director will contact the Event Coordinator to complete the menu.
3. Cancellations must be made at least 10 days prior to the scheduled event and must be done in writing.

EVENT INFORMATION

Date(s) of Event: _____

Event: _____

Sponsoring Ministry: _____

Ministry Leader: _____

Daytime Phone: _____ Evening Phone: _____

Event Contact or Coordinator: _____

Daytime Phone: _____ Evening Phone: _____

Where will food be served? _____

When will food be served? _____

How many adults will be served? _____ How many children will be served? _____

Invoice Details (To Be Completed by the Cafe` Director)

Menu Items/Services	Quantity	Cost
Total Cost		

Note: Any changes or adjustments for cafe service must be in writing and approved by the Director of Finance before those requests can be honored by the Cafe Director.

Ministry Leader Approval: _____ Date: _____

Finance Director Approval: _____ Date: _____

Ministry Oversight Approval: _____ Date: _____

Menu Planner for Ministry Events

Date of Event: _____ Events: _____

Location: Designated area for food service

Menu: Indicate selected menu

Set Up: Indicate type of set up required (i.e., Buffet Style, Self-Serve, Full-Service, etc.)

Note: Attach Copy of Room Request Form for Room Set Up Information

Location	Menu	Set Up
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		

Notes: _____

Staffing Requirements: _____ Staff Scheduled: _____

Food Order Completed: _____

Invoice Submitted: _____ (Attach copies of all receipts)