



Bevier Café & Catering



Contact: _____ **E-mail:** _____ **Phone Number:** _____

Department: _____ **FOP:** _____

Fund Org Program Activity

Business Purpose: _____

Attendees & Affiliation (UI Faculty, UI Staff, UI Student or guest):

University policy requires an attendee list. If list exceeds 10, please attach a separate sheet.

FOR FSHN USE ONLY

Invoice: _____ **Order Date:** _____

Location: _____ **Event Date & Time:** _____

Café (301682-698005-304114-698044) Catering (301682-698005-304113-698064) Spice Box (301682-698005-304114-698065)

Quantity	Description or attached receipt	Unit Price	Total
Tax Charge Amount			Exempt

If non-university guest, make all checks payable to **University of Illinois**
THANK YOU FOR YOUR BUSINESS!

