# MEAL PLAN REPLACEMENT/CREDIT REQUEST

## Instructions

1. Contact the Conference and Events Department (951.343.4367) to secure a location for the event.
2. Complete and electronically submit this form to Desiree Soto in the Provider Food Service Catering Office (dsoto@calbaptist.edu) and the University Card Services (cardservices@calbaptist.edu). Requests must be submitted a minimum of two (2) weeks prior to the date meals are needed.
3. Contact the Provider Catering Office (dsoto@calbaptist.edu) and arrange menu and details of the event.
4. Submit, via email (dsoto@calbaptist.edu), a final guaranteed guest count for the event.
   a. The final count must be submitted 5 business days prior to the date of the event.
   b. For events that are scheduled on a Thursday, meals will be deducted at 4 pm.
5. Submit to the Campus Life Office (dsoto@calbaptist.edu) a Participant Roster.
   a. Rosters must be submitted electronically on a Microsoft Excel spreadsheet and include the name of the requesting department, date of event, ID number, first name, and last name of all students for whom meals are requested
   b. Rosters must be submitted within twenty-four (24) hours of the event; this is required in order to receive credit for meal plan participants.
6. Upon completion, the Campus Life Office will send notification via email to the requesting department and the Provider Food Service Catering Office.

## Billing

1. Catering contracts will reflect the full price for all attendees and the guaranteed guest count with a note that the student discount will be given at final billing along with the completed Meal Plan Replacement/Credit Roster.
2. The requesting department will be billed for all meals that cannot be deducted from a student meal plan account and meals provided to individuals who are not meal plan participants. The final bill will be based on the difference between the final count submitted and approved meal credits; this information will be noted on the final bill.

Please direct any questions to Kipp Dougherty, Director of Food Services kdougherty@calbaptist.edu. 951.343-4877

## Event Information

**Meal Date** (MM/DD/YYYY): / / **Day:** ☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat ☐Sun

**Dept:** **Cost Center #:** **Estimated # of Guests:**

**Contact Name:** **Telephone:** . .

**Program Name:** **Location:**

**Set up Time:** **Event Start Time:**

**Food Served Time:** **Event End Time:**