



Tel. (818) 677-3644 Fax (818) 677-4172  
Hours: 8 a.m. – 5 p.m., Mon. – Fri.  
www.csun.edu/usu/reservations

# Catering Verification Form

### This area to be completed by USU Reservations and Event Services

Reservation ID \_\_\_\_\_

Guest \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

Contact \_\_\_\_\_

Place(s) of Event \_\_\_\_\_

USU Reservations and Event Services has a copy of the current County of Los Angeles Public Health Operating Permit and Certificate of Liability Insurance records for \_\_\_\_\_ Restaurant Name  
\_\_\_\_\_ on file. Our guest, \_\_\_\_\_ Guest Name, has indicated that they are purchasing catering from your restaurant. Please complete the section below to confirm this information.

### This area to be completed by Caterer

Restaurant/Catering Company Name \_\_\_\_\_

Catering Manager Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

The Signature below verifies that \_\_\_\_\_ Restaurant/Catering Company Name will provide catering for the guest and event specified above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

