

Subway @ JSU
Donation REQUEST Form

**All request(s) must be received TEN (10) business days
prior to the date of the event, NO EXCEPTIONS!**

Today's Date: _____

Person Requesting: _____ Person Picking-up _____

Department Name: _____

Phone Number: _____ Fax Number: _____

Date of Event: _____

Name of Event: _____

SELECT DONATION TYPE:

Gift Card

Sandwich Platter

Cookie Platter

Chips

Coupon

Wrap Platter

Giant Sub

Drink

Other _____

Special Instructions:

Total Cost of Donation: \$ _____

Approved: _____
Manager, JSU Subway

Approved: _____

Contractual Services

Date: _____

Disapproved: _____

Contractual Services

Date: _____

Comment(s): _____

*Please complete this form and email to: alcinia.pugh@jsums.edu or
jeannette.chase.price@jsums.edu or print and fax to 601-979-1567*