

PRODUCT REQUEST FORM

All request(s) must be received FIFTEEN (15) business days prior to the date of the event, NO EXCEPTIONS!

Date Requested: _____

Person Requesting Products: _____

Department Name: _____

Phone Number: _____ Fax Number: _____

Date of Event: _____

Name of Event: _____

SELECT PRODUCT(S) PREFERRED:

- Pepsi Diet Sierra Mist Mountain Dew
 Sierra Mist Dr Pepper Sunkist
 Diet Sodas Hawaiian Punch Other _____

JSU Tiger Water (*contact JSU Food Services @ 601-979-2561*)

Number of Participants _____ **Number of Products** _____

Any unused CASES, must be returned to the Office of Contractual Services, located in the Charles F. Moore Bldg., Room 305.

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.