

SUBWAY DONATION REQUEST FORM

Request(s) must be received 10 business days prior to the Event date.

OFFICE/DEPARTMENT INFORMATION

Employee name:		Employee email:	
Department requesting:			
Office #: 601-	Alternative #: 601-	Fax #: 601-	
Employee picking up:			

EVENT INFORMATION

Event date:	Event location:
Event name:	
# of participants:	

SELECT DONATION TYPE

<input type="checkbox"/> Gift Card # of cards _____	<input type="checkbox"/> Sandwich Platter # of sandwiches _____	<input type="checkbox"/> Cookie Platter # of cookies _____	<input type="checkbox"/> Chips # of chips _____
<input type="checkbox"/> Coupon # of coupons _____	<input type="checkbox"/> Wrap Platter # of wraps _____	<input type="checkbox"/> Giant Sub # of subs _____	<input type="checkbox"/> Drink # of drinks _____
<input type="checkbox"/> Other _____			

JSU Tiger Water (please contact Dining Services @ 601-979-2561)

Special Instructions:

Total Cost of Donation: \$ _____

Approved: _____
Manager, JSU Subway

Please return ALL unused CASES to Contractual Services, Reddix Hall, Suite 321.

Department Use Only

<input type="checkbox"/> Approved Total _____	Signature: _____	Date: _____
<input type="checkbox"/> Disapproved	<input type="checkbox"/> less than 10 days	<input type="checkbox"/> annual allotment depleted
<input type="checkbox"/> reduce request(s)		
Comments:		
