



UDairy Creamery Bulk Ice Cream Order Form

Please submit your request at least 7-10 days prior to the date of pick-up. Forms can be faxed to (302) 831-4035 or e-mailed to udcreamery@udel.edu. Payments accepted include cash, credit card or checks payable to "University of Delaware".

Name: _____ Organization: _____

Phone Number: (____)____-____ E-mail: _____

Pick-up or Delivery: _____ Date Needed: __/__/__ Time: __:__(am __/pm __)

Delivery Location (on-campus): _____

Pick-up of rental items needed (Y/N)? _____ Time pick-up needed: __:__(am __/pm __)

If paying via credit card please call (302) 831-2486 with number and expiration date

If paying with a purpose code please provide the information below

Purpose Code: _____ Approver: _____ Please

list your requested menu and make note of the quantity of each item you would like to order

OR circle *CREAMERY FAVORITES* here for Full Service Events and we will choose for you.

| | Item Name (Size) | Flavor | Quantity | Price Each | Total Price |
|-----|------------------|--------|----------|------------|-------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ | _____ |
| 11. | _____ | _____ | _____ | _____ | _____ |
| 12. | _____ | _____ | _____ | _____ | _____ |

Total Cost: \$_____.

To pay by credit card in advance, please call 302-831-2486