



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 order and make note of the quantity of each item you would like. For questions and advice regarding quantities and flavor selection please call the store.

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

Total Cost: \$_____.

For Office Use Only:

Card Number: _____ Expiration Date: __/__/__