

# UCONN DAIRY BAR GROUP ORDER FORM

Date/Time Submission: \_\_\_\_\_

IF FYE CLASS # (circle one)

Date & Time Visit/Pickup: \_\_\_\_\_

1784 1800 1810 1820

Group/ Organization Name: \_\_\_\_\_

Class # \_\_\_\_\_

Contact/Instructor Name: \_\_\_\_\_

Section # \_\_\_\_\_

Order Taken By: \_\_\_\_\_

Phone # \_\_\_\_\_

\*\*\*7 days notice is required for prescooped cups, 24 hours for 1/2 gallons\*\*\*

Comments:	3 Gallon Tub	1/2 Gallon	6 oz.	3 oz.	Flavors
Regular Price	\$42.00	\$8.00	\$3.50	\$2.50	
Enter quantities in boxes to the right, indicate here which if any flavors are for a student with an allergy and indicate allergy. Any other important comments should be included in this area					Banana Chocolate Chip
					Black Raspberry
					Chocolate
					Chocolate Brownie Fudge
					Chocolate Chip Cookie Dough
					Coconut
					Coffee
					Coffee Espresso Crunch
					Husky Tracks
					Mint Chocolate Chip
Business Purpose: (Required for any order using a KFS # that is not an FYE class)					Oreo
					Raspberry Sorbet (Dairy Free!)
					Salted Caramel Crunch
					Strawberry Cheesecake
					Toasted Almond Amaretto
					Vanilla

\*\*\*\*\*DO NOT FILL OUT TOTALS AREA BELOW\*\*\*\*\*

Sub Total:	\$	\$	\$	\$	Total:
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Method of Payment: \_\_\_\_\_

Tax Exemption ID circle:

YES      NO

IF YES TAX EXEMPTION customers MUST provide one of the following certificates in order to waive CT sales tax: CT CERT 112, 123, 119, 134, or 113\*

Internal Billing KFS #: \_\_\_\_\_

Please fill out and then send to:

[dairybar@uconn.edu](mailto:dairybar@uconn.edu)

Customer name: \_\_\_\_\_

Call 860-486-1021 with any questions

Customer Signature: \_\_\_\_\_

Office use only:

Date billed:

