FSU COCA-COLA BEVERAGE DONATION REQUEST FORM

Please complete the information below for review/approval and email to <u>obs@fsu.edu.</u>

Submit orders at least two (2) weeks prior to the requested date to ensure fulfillment.

Note: This form is for Florida State University entities ONLY. For all outside vendors, request donations here.

Event Information				
Requestor Name:			Today's Date:	
Event Title:				
Event Date:				
Delivery Location: _				
Requested Delivery I				
Organization/Departr	nent Requesting	Donation:		
Approximate number	of people served	l:		
Product Type:				
12oz Can	12oz Bottle	2 Liter	Other, please specify:	
Trailer(s) Needed:	No Yes	# Needed		
On-Site Contact Inf	ormation			
On-site Contact Nam	e:			

Indicate how many cases of the following product are requested:

Product Name	Number of Cases	Product Name	Number of Cases
Cherry Coke		Minute Maid Lemonade	
Cherry Vanilla Coke Zero		Minute Maid Lemonade Light	
Coca-Cola		Minute Maid Pink Lemonade	
Coca-Cola Zero Sugar		Minute Maid Fruit Punch	
Diet Coke		Powerade Fruit Punch	
Dasani		Powerade Orange	
Dr. Pepper		Powerade Mountain Berry Blast	
Dr. Pepper, Diet		Powerade Mountain Berry Blast Zero	
Dr. Pepper Cherry		Seagrams Ginger Ale	
Gold Peak Sweet Tea		Sprite	
Gold Peak Unsweet Tea		Sprite Zero	
Other (Please Specify)	Number of Cases	Other (Please Specify)	Number of Cases

