Pepsi Product and Trailer Request Form

Used to request Pepsi-sponsored products and/or the Pepsi trailer.

Student Involvement and Leadership

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I. Organization/Depar	tment Information	1						
Name of Organization or Department			F.O.P. Accounting Codes					
			(if unknown, lea	ave blank)				
Primary Contact Person and Title		Cell Phone Number			Email Address			
- Time. y contact i dicon and mile		00.111011	Con i nono i dinibor		Zinaii / taarooc			
Secondary Contact Person and Title		Cell Phone Number			Email Address			
Coolinary Contact Forcer and Title								
				<u>l</u>				
II. Event Information								
Name of Event/Activity			Location of Event/Activity					
Name of Event/Activity			Location of Event/Activity					
Date of Event/Activity	Time of Event/Act	tivity	Expected Attendance		Date Products Needed			
Date of Event/Notivity	(e.g., 5–7 p.m.)		Expedica Atteridance			(Note: 30 days notice required)		
						<u> </u>		
							_	
III. Pepsi Trailer								
Does the event require the use of the Pepsi Trailer?			☐ Yes ☐ No					
Trailer Delivery Location	<u> </u>		103					
Please attach or include map with specific	ed delivery location.							
IV. Pepsi Product Requ	uest							
			Number of cases			Value		
Product	Number of 12 oz.	cans	24 cans per cas			Office U		
Pepsi Diet Banei								
Diet Pepsi								
Mountain Dew								
Diet Mountain Dew								
Dr. Pepper								
Diet Dr. Pepper								
Mug Rootbeer								
Diet Mug Rootbeer								
Brisk Iced Tea								
Sierra Mist								
Diet Sierra Mist					·			
Aquafina Water 12 oz. bottles					·			
Total								
			I.					
V. Office Use Only								
Descined Deta		Time		Staff			Value of	
Received Date		Tille		Initials			Products	