

HRL Catering Form

All sections of this form must be completed prior to money being spent by any staff member.

Event Name: Date of Request: Event Date:

Reason for Catering: Total Amount of Order:

Initial Requestor: Email: Phone:

If Initial Requestor is not the Budget Manager, approval is required below.

Below you will list the budgets from which this item will be purchased. You must receive authorization initials from all Budget Managers before moving forward with the purchasing process and completing this form.

Budget	Budget Code	Manager of Budget	Amount Allocated	Initials of Budget Manager	Date of Authorization

Please email the Graduate Budget Assistant if more than 4 budgets are to be used.

Please submit this form along with the catering contract to the Director of Housing and Residence Life for approval. No catering request will be processed without this form.

HRL Approval (for office use only)

Aramark Contract #: Check here if the correct Fund is on the Aramark contract.

Initials: Today's Date:

Reconciliation

Invoice #: Check here if contract amount matches Invoice amount.

Check here if the invoice amount matches banner.

Initials: Today's Date: