

# CATERING REQUEST/CONTRACT

[pmcater@stuaf.umass.edu](mailto:pmcater@stuaf.umass.edu)

545.2060/577.2106

CoManager: \_\_\_\_\_



Dept ID 

A	7	1	3	1	2	4	0	0	0
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Speed Key 

1	0	8	1	2	3
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Fund Type 

5	1	1	1	9
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Customer Information

RSO, Agency, or Department Name: \_\_\_\_\_

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Number of People Expected: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Food to be Provided

# of Items	Items	Cost per Item	Total Cost
other items or services to be provided i.e., tablecloth, napkins, utensils, etc.			
TOTAL			\$

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Cancellation Date \_\_\_\_\_

Notify

[kwittshirk@mail.aux.umass.edu](mailto:kwittshirk@mail.aux.umass.edu)       [ldavis@ehs.umass.edu](mailto:ldavis@ehs.umass.edu)

Entered in Vendor Ledger       Entered in Quickbooks

Date Submitted to CSB \_\_\_\_\_

# INVOICE

For CSB Use:

Journal Entry Number

Date Processed

[pmcater@stuaf.umass.edu](mailto:pmcater@stuaf.umass.edu)

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CoManager: \_\_\_\_\_

Fund Type 

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## Customer Information

RSO, Agency, or Department Name: \_\_\_\_\_

Funding Authorization \_\_\_\_\_ Phone: \_\_\_\_\_  
If RSO, Person with SR

Email Address: \_\_\_\_\_

Dept ID 

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Speed Key 

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Expense Code 

7	3	4	2	2	0
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Fund Type 

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Authorized Signature: \_\_\_\_\_  
Person with SR or Departmental Approval

Catering Date: \_\_\_\_\_ Co-Manager Responsible: \_\_\_\_\_

By my signature above, I authorize the Center for Student Business to deduct funds from our financial account in the amount of:

\$ 

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RSO/Agency: 699901

Department: 699905

**For Student Bookkeepers:** Keep a copy of all completed Contracts & Invoices for your catering files. For financial transactions to be processed, invoices should be submitted to Donna Vanasse in the CSB by the 7th of the month.

For billing questions, call Donna Vanasse at 545-2167