

CATERING REQUEST/CONTRACT

sweets@stuaf.umass.edu

545-1325

CoManager: _____



Dept ID

A	7	1	3	1	2	5	0	0	0
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Speed Key

1	0	8	1	2	8
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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 ldavis@ehs.umass.edu

Entered in Vendor Ledger Entered in Quickbooks

Date Submitted to CSB _____

INVOICE

For CSB Use:

Journal Entry Number

Date Processed

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Speed Key

1	0	8	1	2	8
---	---	---	---	---	---

Fund Type

5	1	1	1	9
---	---	---	---	---

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