CATERING REQUEST/CONTRACT

Customer Information

RSO, Agency, or Department Name: ________________________________

Event: ____________________ Event Date: ____________________ Time: ____________

Location: ____________________ Number of People Expected: ____________

Contact Person: ______________ Phone: __________ Email: ______________

Food to be Provided

<table>
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<tr>
<th># of Items</th>
<th>Items</th>
<th>Cost per Item</th>
<th>Total Cost</th>
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other items or services to be provided i.e., tablecloth, napkins, utensils, etc.

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</tbody>
</table>

TOTAL $______________

Customer Signature __________________ Date ________________ Cancellation Date __________________

Notify

☐ kwittshirk@mail.aux.umass.edu
☐ ldavis@ehs.umass.edu

☐ Entered in Catering Ledger
☐ Entered in Quickbooks

Date Submitted to CSB ________________

Z:\Workshops and Training\Catering\Catering packet\Contracts & Invoices\2010EfdsCater.xls
For CSB Use:

Journal Entry Number

Date Processed

earthfds@stuaf.umass.edu

Dept ID: A713122000

545-1554

Speed Key: 108119

Invoice Date:

Fund Type: 51119

Customer Information

RSO, Agency, or Department Name: ____________________________

Funding Authorization: ____________________________ Phone: ____________________________

Email Address: ____________________________

Dept ID: ____________________________ Speed Key: ____________________________

Expense Code: 734220

Fund Type: ____________________________

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:

$ ____________

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