CATERING REQUEST/CONTRACT

RSO, Agency, or Department Name: ________________________________

Event: __________________ Event Date: __________ Time: __________

Location: __________________ Number of People Expected: ________

Contact Person: ______________ Phone: ______ Email: ___________

Food to be Provided

<table>
<thead>
<tr>
<th># of Items</th>
<th>Items</th>
<th>Cost per Item</th>
<th>Total Cost</th>
</tr>
</thead>
</table>

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 Catering Ledger
☐ Entered in Quickbooks

Date Submitted to CSB __________
INVOICE

greenosn@stuaf.umass.edu

Dept ID: 7131230000

545-2380

Speed Key: 108124

Invoice Date: ________________

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

Z:\Workshops and Training\Catering\Catering packet\Contracts & Invoices\2010GrnoCater.xls