# CATERING REQUEST/CONTRACT

**sweets@stuaf.umass.edu**

**Dept ID**: A7131250000

**545-1325**

**Speed Key**: 108128

**CoManager**: __________

**Fund Type**: 51119

## Customer Information

<table>
<thead>
<tr>
<th>RSO, Agency, or Department Name:</th>
<th>______________________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event:</td>
<td>________________</td>
</tr>
<tr>
<td>Location:</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>________________</td>
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</tbody>
</table>

## 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>
<tbody>
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</tbody>
</table>

**other items or services to be provided i.e., tablecloth, napkins, utensils, etc.**

<table>
<thead>
<tr>
<th></th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>

**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**

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INVOICE

sweets@stuaf.umass.edu

Dept ID: A713125000

545-1325

Speed Key: 108128

CoManager:

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

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