

Instructions

Events will not be processed without COMPLETE billing information.

Please read the Aramark Catering Policy at <https://oducatering.catertrax.com/shoppolicies.asp?intOrderID=&intCustomerID>

THE MENU **MUST** BE SELECTED 7 DAYS PRIOR TO THE EVENT OR WILL RESULT IN A 10% LATE FEE.

Event information

Function Date: _____ Budget Code/Form of Payment: _____
 Organization/Dept: _____ Function/Purpose: _____
 Contact: _____ Department: _____
 Email Address: _____ Guest Estimate: _____
 Location: _____ Serve Time: _____ End Time: _____
 Business Related: Yes No

Billing Information

Billing Name: _____
 Billing Address: _____
 City: _____ State: _____ Zip code: _____
 Payment Type: PCard Purchase Order # _____

If you are paying with a purchase order, you MUST provide the budget code and purchase order number with an authorized signature *before* the day of the event.

Food & Beverage Requirements:	Comments:
	Subtotal: \$
	Delivery: \$
	Service Charge: \$
	Sales Tax: \$
	Total: \$

Please Check: China Plastic
 Please Check: Breakfast Lunch Dinner

Names of all attendees (REQUIRED)

Printed or typed. List name, agency/company, and title of each person attending the business meeting. Use additional sheets if necessary.

Name	Agency/Company	Title

Description of Business Discussed (REQUIRED)

Provide a complete description of the business discussed. Use additional sheets if necessary.

A Certification Statement

By signing this form, I certify that the meal expenses claimed on this form are business related, involve a substantive and bona fide business discussion, are appropriate, budgeted and meet the mission of the University.

I certify that the business meals above were provided within the established per diem rate. If business meals exceeded the established per diem, I certify that discretionary funds will be utilized to cover expenses above the per diem.

Signed by Authorized Budget Authority: _____

Print Name: _____

Title: _____ Date: _____