

# SAFC Catering Authorization Form

**Sponsoring Student**

**Organization/Department:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Function Name:** \_\_\_\_\_

**Day/Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Type of Event:** \_\_\_\_\_

**Estimated Count:** \_\_\_\_\_

**Estimated Expense:** \_\_\_\_\_

**Method of Payment: (circle one)**

**DIRECT BILL**

-or-

**CASH/CHECK**

**Direct Bill Fund #:** \_\_\_\_\_

**Maximum Authorized Amt:** \_\_\_\_\_

**Initial:** \_\_\_\_\_

**Completed Food, Beverage, & Amenity Documentation Form & back-up must be attached!**

**I understand and agree to take responsibility for charges associated with any catering order placed on behalf of the above referenced student organization. This authorization may be used to clear any unpaid invoices through the sponsoring student organization's on-campus account up to the maximum authorized amount listed above. Any balance remaining will be the personal responsibility of the sponsoring student organization.**

**Club/Organizational Representative:** \_\_\_\_\_

**Divisional Representative:** \_\_\_\_\_

**Organizational Advisor:** \_\_\_\_\_

**SAFC Business Manager:** \_\_\_\_\_