

St. Cloud State University Student Organization Catering Expense Authorization Form

Chartwells Campus Dining is pleased to help you in providing food and beverages for your special event. Please complete this form with appropriate signatures and contact the catering office (320)-308-4295 to schedule a meeting and to place your catering order. The catering office is located in AMC 127.

Event Name: _____ Date of Event: _____

Student Organization Account #: _____

Student Name: _____

Student Organization Email Address: _____

Student Phone Number: _____

Advisor Name: _____

Advisor Email Address: _____

Advisor Phone Number: _____

Approved Budget for this Event:

Approximate number of guests:

I have read this form and discussed it with our advisor along with other students involved. I commit to continuing to keep our advisors involved. I agree to review and comply with all event and food guidelines provided to me. I agree to sign Chartwells' delivery receipt when the food and beverages are delivered.

Student Signature and Date:

I have read this form and discussed it with the students involved with this event. I also confirm that the information listed above is accurate. I agree that when the invoice is emailed to me within 7 days post-event, I will complete a 1400 form, attach the invoice, and send to Business Services/Accounts Payable in AS 122 for payment. If payment is not received within 30 days from invoice date, I agree that my signature below authorizes Accounts Payable to issue payment from the designated account.

Advisor Signature and Date:
