CSI Use Only

WCSU STUDENT ACTIVITY FEE

FOOD SERVICE REQUEST FORM

****DUE TO CSI 2 WEEKS BEFORE EVENT****

(A) Club Information:

Club Name: _____

Requested by: _____

Telephone Number: _____

Email Address:_____@connect.wcsu.edu

Mailing Address: _____

Fund: ☐ - X81001 (Fundraising) ☐ - X81000 (SGA Funds)

Organization Number: _____

Meeting Date: _____

A copy of the organization's minutes must be attached.

(B) Date(s) of Service (enter actual dates as mm/dd/yy, not every Tuesday). Complete multiple forms if necessary**:**

_____

_____

(C) Name of Event: _____

(D) Estimated cost of Service: $_____

(E) Procedure:

1 - A representative of the organization should meet with the Catering Manager (SC 104) to discuss the organization's needs and budget. The Catering Manager will provide a menu and the cost.

2 - This form must be signed by an authorized signatory of the account (President or Treasurer). It may NOT be signed by the event planner.

3 - Submit this request, **at least TWO weeks in advance** of the event, to the Student Activity Fee Financial Assistant in Student Center 227. Failure to do so may result in the food order not being filled for the event.

4 - NOTE: When booking a "Pick-up/Drop-off" catering event, **the club will be charged a $35 penalty from the club's fundraising account for items not returned immediately after the event. The club will also be responsible for paying the replacement value of any equipment lost or damaged.**

(F) Required Signatures:

_____Date_____
Treasurer or President

_____Date_____
Advisor

_____Date_____
Verification by SAF Financial Assistant

_____Date_____
Student Activity Fee Financial Manager

_____Date_____
Director of Administrative Services

Food Service Function #: _____

Revised 7-2-18