



SUNY MARITIME COLLEGE

FOOD SERVICE APPROVAL FORM

INSTRUCTIONS:

1. Submit this completed form and attach event agenda and the list of attendees/invitees.
2. Payable from Specific **FSA Sub** Account OR Accounts Payable **IFR** account.
3. Please indicate whether this food service invoice will be paid by FSA or Accounts Payable.

MEETING / EVENT INFORMATION

PERSON REQUESTING _____

DEPARTMENT _____

PHONE # _____ EMAIL _____

DAY & DATE OF EVENT _____

ADDRESS OF EVENT _____

NUMBER OF ATTENDEES _____

AGENDA YES
ATTACHED

ESTIMATED COST: \$ _____

ATTENDEE YES
LIST ATTACHED

SPECIFIC ACCOUNT _____

OR ACCOUNT NUMBER _____

PURPOSE OF THIS EVENT / MEETING _____

IS THIS FOOD SERVICE PAYABLE FROM?

FSA ACCOUNTS PAYABLE