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

CREATED ON 1/19/12