



Retail Services Catering CHARGE Form

Please fill out this form **AFTER** your order is completed, attach original itemized receipt, charge receipt, and retain for your records.

Prepared by:	Prepared date:
UCSF Department Name:	Name of Event:
Telephone / Fax / E-mail / Box #:	Date & Time of Event:
Department Address (include bldg name & room #):	Event Location (include. address, bldg name & room #):
Vendor Used for Catering:	Vendor Contact Name:

SpeedType/Cost Center to be charged:	NOTES:
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<p>Type of Expense:</p> <p><input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Light Refreshments <input type="checkbox"/> Buffet Reception</p> <p><input type="checkbox"/> Other:</p> <p>Nature of Expense:</p> <p><input type="checkbox"/> Administrative Meeting <i>(directly concerned with the welfare of the University. The meals are necessary and integral part of the business meeting and not solely for personal convenience)</i></p> <p><input type="checkbox"/> Prospective Appointee <i>(to a position of a professional, technical or administrative nature. If travel allowance is provided to the interviewee, the allowance for this meal will be deducted from his or her travel claim)</i></p> <p><input type="checkbox"/> Official Guest <i>(rendering a service to the University or is present University at the invitation of, or as a guest of, a person authorized to make expenditures of funds for entertainment)</i></p> <p><input type="checkbox"/> Faculty-Student Meeting</p> <p><input type="checkbox"/> Meetings of Learned Society/Organization</p> <p><input type="checkbox"/> Other Events & Expenditures <i>(description and business purpose)</i></p>
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<p>Number of Participants:</p> <p>Name(s) of official guests, prospective appointee, society, organization, or student group:</p>

CERTIFICATION BY HOST: I hereby certify that the above is a true statement of expenses incurred by me within the regulations of the University	Host's Signature:
Department Approving Authority(Dept Head or delegate) Print Name:	Department Approval Signature:
Policy Exception Approving Authority (Dean or Vice Chancellor) Print Name:	Policy Exception Approval Signature:

Total Cost of Catering: