CONTROLLER’S OFFICE
CAMPUS LIFE SERVICES – RETAIL SERVICES
CATERING CHARGE PROGRAM
DEPARTMENT AGREEMENT

1. BY SIGNING THIS AGREEMENT AS THE DEPARTMENT HEAD, I APPLY for the CLS Retail Services Catering Charge Program and agree to abide by all the guidelines specified below, and with applicable UC policies and procedures.

2. Department Name______________________ Dept ID______________

   SpeedType (if Campus) (6 to 10 characters alpha and/or numeric) or Cost Center (if Med Center) (6 digits):
   __ ______ ______ ______ ______ ______ ______ ______ ______

3. Department Responsibilities:

   a) Department Head: The department head may designate a financial manager or equivalent to administer and monitor all charges originated from the program. The department head may authorize employees to utilize the program for UCSF official business-related catering needs.

   b) Record Keeping: The department will prepare and retain in their records a Retail Services Catering Charge Form for each transaction. The department insures the original itemized receipt is included in their documentation for each event as described in BUS-79. These documents must be kept at the department per the University Record Retention policy RMP2, and made easily available to the Controller's Office or Internal Audit, when requested.

   c) Billing Disagreement or Adjustment: The department will contact CLS to resolve any overcharges, erroneous charges, fraudulent charges, and any general dispute or conflicts. The department will be held responsible for any fraudulent charges generated by the department employees. If a credit is due or item is returned, the catering vendor will issue a credit memo; the department will not request or accept cash back.

   The CLS contact for questions is: Tamara Villarina, 415-514-1395.

   d) Guidelines and Penalties: The department will utilize this program for all University official business-related catering needs provided by CLS affiliated vendors. The department will ensure all proper approval requirements and documentation as described in BUS-79. No alcohol or tobacco expenses to be charged to state and federal funds or any applicable restricted funds. If an audit reveals a policy violation, disciplinary action may be assessed based on the type of violation.

   By signature below, the department acknowledges receipt of the CLS Catering Charge Vendor policy regarding the random review of transactions.
e) **Statutory Compliance:** In addition to the terms and conditions described above, the department is also responsible for recognizing and complying with any policies and regulations applicable to any funds or grants, including state and federal funds or restricted funds, used for these catering expenses.

f) **Department Contact:** In the event of questions regarding Fund/DPA numbers or other matters, please list a contact below.

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THE PARTIES, BY THEIR SIGNATURE BELOW, ACKNOWLEDGE HAVING READ THIS AGREEMENT, UNDERSTAND IT, AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS. EACH WILL RETAIN A COPY FOR REFERENCE. SUBSEQUENT ADDENDA OR AMENDMENTS WILL BE IN WRITING, SIGNED BY ALL PARTIES, AND ATTACHED HERETO.

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**APPROVALS**

**Department Head:**

(Signature)  (Date)

(Printed name)

**Department Designated Contact:**

(Printed name)  (Phone Number)

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**CLS Approval:**

(Signature)  (Date)

(Printed name)

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**RETAIN A COPY FOR YOUR RECORDS AND SEND ORIGINAL TO:**

RETAIL SERVICES
BOX 0234