



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:

Fund & Account to be charged:	Low Value PO# / Speedchart (#####D#####):
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Type of Expense:	Breakfast	Lunch	Dinner	Light Refreshments	Buffet Reception
Other:					
Nature of Expense:					
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>					
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>					
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>					
Faculty-Student Meeting					
Meetings of Learned Society/Organization					
Other Events & Expenditures <i>(description and business purpose)</i>					

Number of Participants:
Name(s) of official guests, prospective appointee, society, organization, or student group:

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:

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