



Food Service Authorization Form

Applicant Information

I hereby request authorization to sponsor an event using the current on-campus Food Service contractor (or substitute when current contractor is not available). I have read and understand the College's policy on food and beverages regarding such events and will ensure compliance with terms and conditions of all policies.

Request Date:

Applicant Name:

Applicant's Title:

Applicant's Phone #

Applicant's Fax #

Funding Dept, Grant #, Banner Org & Account #'s

Event Details

Event Date:

Event Title:

Event Description:

Event Location

(Campus, Bldg, Room):

Total Number of

Attendees:

Number of Each Type of
Attendee:

Current SCCC Employees:

Current SCCC Students:

Current Government Employees:

All Other Guests

Total Cost

(from attached vendor quotation):

NOTE:

If Federal, State, County and/or SCCC College employees and current SCCC students comprise more than 50% of the total attendees, this request cannot be processed unless approved by the College President or the Board of Trustees.

All breakfast orders (regardless of per person cost) and other orders where the per person cost per meal exceeds \$15, must be approved by the College President.

Vendor Information

Company Name of Food Supplier

(if current contractor not available):

Aramark Event Contract Number

(listed on quote):

Approvals

Above Applicant's Signature:

Date:

Above Applicant's Immediate

Supervisor's Signature:

Date:

VP Business & Financial Affairs Signature:

Date:

President's Signature

(if required as instructed above):

Date:

Attach Copy of Completed Form to Requisition in Shark Mart