SUFFOLK COUNTY COMMUNITY COLLEGE

FOOD SERVICE AUTHORIZATION FORM

NOTE: ALL PURCHASES SUPPORTED BY COLLEGE OPERATING BUDGET OR GRANT FUNDS REQUIRE COMPLETION OF THIS FORM AND AN APPROVED COLLEGE PURCHASE ORDER NO FEWER THAN 15 DAYS PRIOR TO THE EVENT. PLEASE RETURN COMPLETED FORM TO SUSAN DREWES, A100F.

I hereby request authorization to sponsor an event using the current on-campus Food Service contractor (or substitute when current contractor is not available) at the _____Campus. I have read and understand the College's policy on food and beverages www.sunysuffolk.edu/About/810.asp regarding such events and will ensure compliance with terms and conditions of all policies.

EVENT DETAILS:

Name and Title of person completing this form **(applicant)** _____

Applicant's Phone# & Fax# _____

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

Event Title & Description _____

Company Name of Food Supplier (if current contractor not available) _____

Dover Event Contract Number listed on quote _____

Event Date and Time _____

Event Location (Campus, Bldg, Rm) _____

Total Number of Attendees_____

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 TOTAL ATTENDEES, THIS REQUEST CANNOT BE PROCESSED UNLESS APPROVED BY THE COLLEGE PRESIDENT OR THE BOARD OF TRUSTEES.

Numbers of Each Type of Attendee: Current SCCC Employees ____ Current SCCC Students____

Current Government Employees ___ All Other Guests____

NOTE: ALL BREAKFAST ORDERS REGARDLESS OF PER PERSON COST AND OTHER ORDERS WHERE THE PER PERSON COST PER MEAL EXCEEDS $12, THE COLLEGE PRESIDENT MUST SIGN THIS FORM.

Above Applicant's signature _____ Date_____

Above Applicant's immediate supervisor's signature _____Date_____

President's signature (if required as instructed above) _____ Date_____

Send completed form directly to Susan Drewes, Ammerman Campus, Ammerman Building, Rm A100F