



MORRIS COLLEGE SUMTER SOUTH CAROLINA

REQUEST FOR AUTHORIZATION FOR FOOD SERVICE

All requests must be fully approved at a **MINIMUM OF 3 BUSINESS DAYS** prior to date needed (**NO EXCEPTIONS**).

Date Submitted: _____ Event Date(s) _____ Time: _____

Requested by: _____ Signature of Dept/Div. Head: _____

Specific Budget to Be Charged: _____

Location: (SPECIFY BLDG/AREA/ROOM) _____

Name of Event: _____

Special Instructions: _____

FOOD AND SUPPLIES REQUESTED

QUANTITY	ITEM	COST

Total Cost of Food and Supplies \$ _____

Labor Cost \$ _____

Other Cost \$ _____

Grand Total for Food Service \$ _____

Food Service Cost Verification _____
 (*To Be Completed and Signed by the Food Service Director)

Approved By: _____
Administrative Divisional Officer

_____ *Director of Business*

_____ *Director of Financial Services*

_____ *President*