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Accounts Payable
101 Braddock Road
Frostburg, MD 21532

Food Service Approval Form

Requestor Name		Title	
Department Name		Dept/Proj #	
Name of Function		Location*	
Date of Function		Start Time	End Time
Food Service Vendor	<input type="checkbox"/> Chartwells	<input type="checkbox"/> Other:	
Payment Method	<input type="checkbox"/> Procard	<input type="checkbox"/> Diners Club	<input type="checkbox"/> Reimbursement <input type="checkbox"/> PO #:
# People		\$/Person	Total Cost
Type of Meal(s)	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner <input type="checkbox"/> Snack/Refreshment

Type of Function					
<input type="checkbox"/> Business Meal	<input type="checkbox"/> Meeting	<input type="checkbox"/> Training / Workshop	<input type="checkbox"/> Recruitment	<input type="checkbox"/> Other - Describe	

Detailed Business Purpose of Function (Attach Agenda)

List of Attendees and Department or Affiliation - Check if Separate List Attached <input type="checkbox"/>	
Name	FSU Department or Affiliation

Department Manager: I certify this food service expense is in compliance with all FSU, USM, and State of Maryland Policies

Name	Title	Signature
Date		