FROSTBURG STATE UNIVERSITY

*One University. A World of Experiences.*

**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** | ☐ Elior | ☐ Other: | | | |
| **Payment Method** | ☐ Procard | ☐ Diners Club | ☐ Reimbursement | ☐ PO #: | |
| **# People** | | **$/Person** | | **Total Cost** | |
| **Type of Meal(s)** | ☐ Breakfast | ☐ Lunch | ☐ Dinner | ☐ Snack/Refreshment | |

| **Type of Function** | | | | | |
|---|---|---|---|---|---|
| ☐ Business Meal | ☐ Meeting | ☐ Training / Workshop | ☐ Recruitment | ☐ Other - Describe | |

**Detailed Business Purpose of Function (Attach Agenda)**

**List of Attendees and Department or Affiliation - Check if Separate List Attached** ☐

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

| | | | |
|---|---|---|---|
| | | | |
| **Name** | **Title** | **Signature** | **Date** |