

## College of Coastal Georgia Catering Charge Voucher

Account	Fund	Department	Program	Class	Project
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If you are splitting with another account, please note additional account

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**Date of Event:** \_\_\_\_\_

**Name of Account to Charge:** \_\_\_\_\_

**Requesters email to contact upon approval:** \_\_\_\_\_

**Requesters Name:** \_\_\_\_\_

**Description:**

Catering Purpose	# attending	Unit Price	Total Price
Please also attach quote from Chartwells with form.			

**Who will be attending, check all that apply:**     **Faculty/Staff**     **Student**     **Other**(describe) \_\_\_\_\_

**Amount Total: \$** \_\_\_\_\_

**Dept. Approval:** \_\_\_\_\_

**Date Submitted to Business Services:** \_\_\_\_\_

**Business Services Approval:** \_\_\_\_\_

**Approved Date: :** \_\_\_\_\_

**GUIDELINES/PROCESS:**

- Fill out form in entirety and have Dept Approval Signed
- Turn in form, per diem guideline and supporting documentation (if needed) to Business Services for approval or electronically to [lmoyer@ccga.edu](mailto:lmoyer@ccga.edu)
- Food purchases must follow BOR policies, therefore a per diem certification form and proof of the event may apply and must be submitted in advance of approval
- Business Services will email requestor and Chartwells when approved/denied, cc: Auxiliary Services
- Must be approved 10 business days prior to event**

**NOT ALLOWED:**

- Personal catering
- Alcohol