

Date of Request: Contact Name: Phone:

EVENT INFORMATION

Event Title: Date of Event:

Number of Guests: Room #: Site Location: EGF TRF Aerospace

Set Up Time: Take Down Time: Start Time: End Time:

Special Expense Approval: Meal and/or refreshments for **group meeting** or **conference**.
(Check One) Meal and/or refreshments for **activity**.
 Other

Justification why expense is in best interest of State of Minnesota:

REQUESTER PRINT NAME

REQUESTER SIGNATURE

DATE

Cost Center: Cost Center Name:

MENU INFORMATION

Menu

Type of Service Requested: Drop Off Buffet Full Service

Supplies Requested: Paper China

KITCHEN USE ONLY

Request Review: **APPROVED** **DENIED**

Estimated Cost:

If denied, explain.

FOOD SERVICE DIRECTOR SIGNATURE

DATE

*ESTIMATED COST MUST BE RECEIVED FROM CAFE PRIOR TO APPROVAL.
THIS REQUEST IS NOT FINAL UNTIL SIGNED BY THE COST CENTER AUTHORITY.*

SUPERVISOR/COST CENTER AUTHORITY
PRINT NAME

SUPERVISOR/COST CENTER AUTHORITY
SIGNATURE

DATE