

**Lock Haven University – Catered Food Pre-Authorization Form**

Catered Events Procedure:

- Requester completes the LHU Catered Food Pre-Authorization Form in its entirety.
- Requester obtains all of the proper signatures and forwards form on to LHU Business Office, Patti Jones, East Campus J211.
- Requester may then proceed to complete the on-line Aramark catering form for their specific food needs at [www.lhucatering.catertrax.com](http://www.lhucatering.catertrax.com) or by contacting Catering Director, Amy Bechdel at 484-2630.
- If a facility needs to be reserved, please contact Marchal Rote at [mrote@lhup.edu](mailto:mrote@lhup.edu)

Name \_\_\_\_\_ ✓ if Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_  
Phone # \_\_\_\_\_ Campus Address \_\_\_\_\_ Date of Event \_\_\_\_\_  
Time of Event \_\_\_\_\_

Payment Method as Follow:

1. Charge LHU Budget Cost Center# \_\_\_\_\_ \*\*
2. Send to LHU Foundation for Account \_\_\_\_\_
3. Send to Stacy Davis at SAS for Account \_\_\_\_\_
4. Send Bill to \_\_\_\_\_ for other payment type.

Specific Location of Event (Building and Room #) \_\_\_\_\_

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Purpose of Event\*\* \_\_\_\_\_  
Number of Guests Attending \_\_\_\_\_  
Names of those attending event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor/Who is Paying \_\_\_\_\_ Date: \_\_\_\_\_  
Dean, Vice President or President\* \_\_\_\_\_ Date: \_\_\_\_\_

\*Required for staff retreats, workshops and training.

\*\* Event must be an official university function -- see LHU Use of Public Funds at this link:  
<http://www.lhup.edu/finance-admin-tech/Expenditures%20of%20Public%20Funds%20Policy.pdf>

Which section of this policy covers your food-related event? \_\_\_\_\_

**Above form must be completed in its entirety obtaining all signatures to avoid being personally responsible for payment of services.**