



LOCK HAVEN UNIVERSITY FOOD PRE-AUTHORIZATION

ALL EXPENDITURES MUST BE IN ACCORDANCE WITH THE [PASSHE EXPENDITURES OF PUBLIC FUNDS GUIDELINES, STANDARDS AND LIMITS](#), AND THE [PASSHE BOG POLICY 2010-01-A: EXPENDITURES OF PUBLIC FUNDS](#).

Complete this form and obtain approvals PRIOR to purchasing meal services with Aramark for University functions. Upon completion, forward form to Patti Jones at pjones@lockhaven.edu and Amy Bechdel at Bechdel-Amy@aramark.com

Requestor then proceeds to <https://lhucatering.catertrax.com> to complete the online catering form with Aramark or contacts Amy Bechdel for their specific food needs.

For facility reservation, contact Marchal Rote at mrote@lockhaven.edu or reserve online at <https://www.aaiscloud.com/LockHavenUPA>

Section 1: Employee Information

| | | | |
|-----------------------|----------------------|--------------|---|
| Responsible Employee: | <input type="text"/> | Date: | <input type="text"/> |
| Phone: | <input type="text"/> | Email: | <input type="text"/> |
| Department: | <input type="text"/> | Fund Center: | <input type="text"/> or |
| | | SAS: | <input type="text"/> LHUF: <input type="text"/> |

Section 2: Event Information

| | | | |
|-----------------|----------------------|-----------------------------------|---|
| Event Title: | <input type="text"/> | Date: | <input type="text"/> |
| Event Location: | <input type="text"/> | Start Time: | <input type="text"/> End Time: <input type="text"/> |
| Event Type: | <input type="text"/> | Estimated Number of Participants: | <input type="text"/> |

List Business Purpose of Event (required) AND Justification For Public Funding* using PASSHE Exp. of Public Funds Policy (see above link)

*Justification for public funding is not required when using SAS or LHUF for payment.

Section 3: Authorization

Employee Signature: I authorize and certify the above information is accurate and that these costs are incurred for official business purposes. I understand I will be responsible for supplying the list of attendees to the Business Office following the event.

Employee's Signature

Date

Supervisor's Approving Signature

Date

Dean, Vice President or President **

Date

**Required for staff retreats, workshops, training

Reviewed April 2020

LHU Policy No – LHU-41
Original Date – October 19, 2016
Last Review Date – April, 2020
Last Update – October 19, 2016
Next 5-Year Review – April, 2025