

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 Nick Zolak at Zolak-Nick@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 [Tara Remick at trr259@lockhaven.edu](mailto:Tara.Remick@lockhaven.edu) or reserve online at <https://www.aaiscloud.com/LockHavenUPA>

Section 1: Employee Information

Responsible Employee: Date:
Phone: Email:
Department: Fund Center: or
SAS: LHUF:

Section 2: Event Information

Event Title: Date:
Event Location: Start Time: End Time:
Event Type: Estimated Number of Participants:

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