



Number _____

**Auxiliary Services
Special Departmental Service Event Form**

This Event Form along with a completed Space Reservation Form [obtained in Student Affairs Office, Room 244 King Frazier Complex] must be submitted to THOMPSON HOSPITALITY, L.L.C., 30 days prior to the occasion.

SECTION I To be completed by requesting department

Department's Name _____

Authorized Signature _____

Print Name _____ Date _____

Account to be charged:			
Speed Chart:			
<i>If No Speed Chart, please indicate the following:</i>			
Fund	Department	Program	Class
Account #:			
(Note for Sponsored Programs – Attach an agenda, list of attendees, and justification. Thanks!)			
(Note for Charge back – please prepare the entry based on the above information. Thanks!)			

Type of Function _____ Location of Event _____

No. of Guest _____ Date of Function _____ Time _____

Name of Representative _____ E-Mail _____

Office No. _____ Cell _____ Pager _____

Menu Attached: (Obtain from Thompson Hospitality Catering Department, Room 115 King Frazier Complex)

Extras:

Centerpieces Flowers Linen Other _____

SECTION II To be completed by THOMPSON HOSPITALITY, L.L.C., Food Services

Sub Total
Price for Extras
Delivery Charge
Other
GRAND TOTAL

Verified By _____ THOMPSON HOSPITALITY, L.L.C.

Print Name _____ Date _____

SECTION III To be completed by Budget/Accounting

Budget Verified By _____ Savannah State University Budget Office

Print Name _____ Date _____

SECTION IV To be completed by THOMPSON HOSPITALITY, L.L.C. to Auxiliary Services after services rendered

Total Charges _____

Verified By _____ THOMPSON HOSPITALITY, L.L.C.

Print Name _____ Date _____

-IMPORTANT-

Please see Catering Director for guidelines and menus ~ form last updated 2.28.2008