

# Pacific Dining Catering Order

## Sacramento City College

Order Date \_\_\_\_\_

Division \_\_\_\_\_

Department \_\_\_\_\_

Event Name \_\_\_\_\_

Event Date \_\_\_\_\_ Attached: Event Flyer \_\_\_\_\_ List of Names \_\_\_\_\_

**Quote No.:** \_\_\_\_\_ **(Obtain Quote from Pacific Dining)**

Iter	QUANTITY	DESCRIPTION	TOTAL
1			
2			
3			
4			
5			

Purchases Charged to Categorical Programs, Grants or Special Programs		TAX	
This purchases is in compliance with the requirements of _____			
_____ For grants/projects _____		TOTAL	
Program Director/Coordinator Signature	Project/Grant Number		

Program Goal/Objective Number/Explanation

Note: Fund 11 Budgets may NOT be charged for Catering Services

REQUESTED BY \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORIZED-Catergical Programs \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED- Area Manager \_\_\_\_\_ DATE \_\_\_\_\_ APPROVED- VPA/BSO \_\_\_\_\_ DATE \_\_\_\_\_

**Budget Number:**

BusUnit	Account	Fund	Dept. ID
Program	SubClass	BY	Proj/Grant
PO No. # _____			
To be assignd by BSO - Valid Only With VPA/BSO APPROVAL (below)			