Kingsborough Community College – Official Food Order Form

Submit your event form to Events Management at least ten (10) business days before the event.

Your Information:	PO number:			
Name:	Office:			
litle:			hone:	
Department/Organization Name:				
Event Information:				
Name of Event:				
Purpose:				
Date: Start Tim Location:	ne:	End Time: Number of People:		
Location:	Number		People:	
Funding Source: what is the source of funds for your foo	od order? Please select one	box and identify the acco	ount.	
☐ College Funds (Tax Levy)	☐ KCC Foundation			
☐ KCC Association	☐ Research Foundation			
☐ KCC Auxiliary Enterprises, Inc.	☐ Other (ex. Personal Funds):			
Source of Funds (Account Name/ Numb				
`	/			
Food Order: Enter your food selection and provid		•	n additional document if	
more space is needed. <u>If</u> you received a Quote from Pand		T	T	
Food Item	Quantity	Price per Unit	Total cost per Item	
		+	+	
		Total	\$	
Approvals: Note: only orders funded from the Associa	ition require the Director (of Student Life's approval	l.	
Requested by (Name & Title):				
Department/ Advisor Approved Signature:			Date:	
Print Name & Title of Department/ Advisor: _				
Director of Student Life Approval: Date			Date:	
Decement Office Approval:			Data	
Payment Office Approval: The payment office approval person depends on the funding source			Date:	
The payment office approval person depends on the funding source	sciecieu upove. Lx. Associui	ton approver is ixim sunche.	4	
Events Management				
<u> </u>	<i>y</i> :	Forwarded to Panda Hous	se on:	

Last update: LM |9/2024