

MIDDLE GEORGIA STATE UNIVERSITY  
SACT PROGRAM CATERING PURCHASE REQUISITION

REQUISITION MUST BE SUBMITTED BY ADVISOR/DIRECTOR FOR APPROVAL AT LEAST 10 DAYS PRIOR TO DATE OF EVENT.

INSTRUCTIONS: Complete form and click on envelope in toolbar at top to submit via email to [linda.foskey@mga.edu](mailto:linda.foskey@mga.edu) for approval prior to event.

DATE REQUESTED:

DATE OF EVENT:

NAME OF EVENT:

SACT PROGRAM NAME:

ADVISOR/DIRECTOR NAME:

CONTACT PH:

EVENT LOCATION:

MAC

COC

DUB

EAS

WR

REQUISITION TOTAL: *Catering cost per quote from Sodexo*

REQUESTED BY:

*(If other than Program  
Advisor/Director)*

CONTACT PH:

ADVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*(Required)*

Program Advisor/Director Signature

BUDGET CHART STRING:

13000

11000

727125

Fund

Choose DEPT/PROG from dropdown list above.

Class

Account

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BUDGET MANAGER APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

*Linda Foskey, SACT Budget Manager*

VP STUDENT AFFAIRS APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

*Jennifer A. Brannon, VPSA*