

**PAYMENT AUTHORIZATION FOR CATERED EVENT**

*The University of Wisconsin-Milwaukee  
Dining Services - Catering Services  
Union W307 (Phone 229-5833, Fax 229-3734)*

Title of Event \_\_\_\_\_

Catering Event # \_\_\_\_\_

Date of Event \_\_\_\_\_ Guarantee Date \_\_\_\_\_

The method of payment will be:

<input type="checkbox"/> Direct charge	_____	_____	_____	_____	_____	_____	_____
	Acct	Fund	Department	Program	Subclass	Bud Yr	Proj/Grant

Foundation check

Other, Please specify \_\_\_\_\_

Tax Exempt # \_\_\_\_\_

**If payee does not have a tax exempt number, a tax charge of 5.85% will be added to the cost of the catering service. However, if payee does have a tax exempt #, it is important that the number is listed here and a copy of the tax exempt card included or tax will be charged to the order.**

The undersigned agrees to meet all financial obligations incurred for this event, including catering, room set-up, equipment rental, security and/or miscellaneous charges. The below listed department shall accept responsibility for said financial obligations.

Print Name/Title \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Event Coordinator

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean, Director, Chair, Bus. Mgr or Other Authorized Signature

Send Invoice/Billing Information to:

Name: \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone: \_\_\_\_\_

Fax \_\_\_\_\_

REMINDER: This form must be submitted to the UWM Dining Services Catering Office (Union W307) two (2) weeks prior to the date of the event. Failure to submit this billing authorization may result in cancellation of your event. Please call the Catering Office at 229-5833, (FAX 229-3734) if there are any questions regarding your event.

Date Received by Catering: \_\_\_\_\_