

Subway Catering Checklist

This form must be completed with all items checked and each piece of documentation attached to the Subway Catering Form before bringing to Business Office for approval.

Please Print

Name of Event: _____

Date of Event: _____

Division Name: _____

Originator Name: _____

GL# to be charged: _____

- 1) This event is: *check all that apply*
 - Staff Development
 - Student Event
 - Advisory Committee
 - Official College Function

- 2) List of participants: *check all that apply and attach list of names*
 - Staff – *list of names*
 - Faculty – *list of names*
 - Students – *list of names or name of group and expected number of attendees*
 - Public – *list of names or name of group and expected number of attendees*

- 3) Attach event agenda or event flyer – email copy is fine

- 4) Attach copy of ACBL for the GL # to be charged

Keep a copy of this form for your records.