

Wichita State University Chartwells Catering Information for ICD

**Please fill out completely and submit to the
Department of Finance & Administration prior to the event if possible.
Fax # 978-3151 or Campus Box 47**

ICD No. _____
For Office Use Only

*This form is to be used for **all** catered events, regardless of funding.*

Department Contact Person:	Email: Extension: Box Number:
Method of Payment (check one): <input type="checkbox"/> State Funds <i>(GU or RU)</i>	Fund Number: Organization Name: Organization Number:
<input type="checkbox"/> Foundation Account <i>If invoice is to be paid by a Foundation Account, Service Fund, etc., the invoice will be forwarded to your department for processing.</i>	
<input type="checkbox"/> Fees were collected for this specific event.	
Purpose of Event:	Date of Event:
Location of Event:	Number of Participants: <i>Names of participants <u>are required</u> if less than 20. Please specify if the participant is a student, faculty/staff member, or from the outside community.</i> <i>*Note: If paying with Foundation funds, participation list is required unless the event is open to the public.</i>

Please include a flier/handout advertising the event if one is available.

Revised on 8/29/2017