



Restaurant Operations



Student Union, 3rd Flr, Aisle B
2200 E. Kenwood Blvd.
Milwaukee, WI 53211
Phone: 414.229.3733
2020-catering@uwm.edu

PAYMENT AUTHORIZATION & EVENT JUSTIFICATION FORM

Your catering order will NOT be confirmed until receipt of the Payment Authorization & Event Justification Form, which is due by Noon on the 4th business day prior to the event. Any order not confirmed by this time may incur cancellation fees. Email the completed form to your catering coordinator.

Reservation #: \_\_\_\_\_ Event Date: \_\_\_\_\_ Event Title: \_\_\_\_\_

Department/Organization/Company: \_\_\_\_\_

Method of Payment (Check All That Apply):

UWM Campus Departments & Organizations paying via Direct Charge &/OR a Foundation Check MUST complete page 2

- UWM Direct Charge: ##### #### ##### # XXXX XXXXX
Account Fund Department Program Subclass Project/Grant Budget Year
\*If the total cost of food exceeds the state maximum, please indicate below how the remaining balance will be paid for
UWM Foundation Check
Check (Payable to: UWM 20/20 Catering)
Credit Card (Assessed 2.5% surcharge; complete the ONE TIME CREDIT CARD AUTHORIZATION BOX below)
Cash

All reservations are subject to a 8.4% sales tax. University departments and organizations will not be subject to tax when payment is made through an approved account, this excludes personal cash, checks, or credit cards. If your organization is tax exempt, submit your Wisconsin State Tax Exempt Certification when submitting this form to your coordinator.

The signatories agree to all policies (see 20/20 Catering Menu) and to meet all financial obligations incurred for this event, including but not limited to catering, labor, services and fees, room set-up, equipment rental, security, and/or miscellaneous charges. The department and persons listed below shall accept responsibility for all financial obligations.

Primary Contact

Name (Print): \_\_\_\_\_
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Signature: \_\_\_\_\_

Authorizing Signature

Unit Business Representative, Director, Dean, or Chair: \_\_\_\_\_

Invoice Recipient (Check box if Invoice Recipient is the same as the Primary Contact)

Name: \_\_\_\_\_
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

ONE TIME CREDIT CARD AUTHORIZATION (UWM Purchasing/Procurement Cards CANNOT be used)

Card Type (Check One): [ ] VISA [ ] MasterCard [ ] Discover [ ] American Express

Cardholder Name/Company Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Total Amount Charged \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

CALL 20/20 CATERING TO PROVIDE THE CREDIT CARD NUMBER OVER THE PHONE

For Office Use ONLY: CC# \_\_\_\_\_

**If a UWM Campus Department or Organization is hosting an event they must complete this page.**

The information provided on this form will be used by Pre-Audit and Support Services when reviewing the invoice that correlates to the reservation number specified. Please thoroughly fill out **ALL** sections and attach **ALL necessary** documents. Pre-Audit may request additional information regarding the event.

**Questions regarding documentation requirements, meal maximums, or compliance to state regulations contact:**  
Pre-Audit & Support Services at 414-229-4887

**Reservation/Event Information:**

Reservation # \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

**Attendance Information:**

\*\*If a meal (breakfast, lunch, dinner) was served, participant names, indicating affiliation to UWM, must be provided\*\*

Total Number of State Employees: \_\_\_\_\_

Total Number of Non-State Employees: \_\_\_\_\_

Total Number of Students: \_\_\_\_\_

**Event Type (check all that apply):**

- Breakfast     Lunch     Dinner     Break     Reception  
 Meal &/or Gift Cards (Then complete section for Meal &/or Gift Cards ONLY)

**Fee (were participants charged a fee for this event?):**

- Yes (Then documentation indicating that fee must be provided)     No

**Justification for Serving Food/Beverages:**

In the box below, describe in detail the purpose of the event and justify why the event had to provide food/beverages. Substantiate this information by providing a copy of the flyer, agenda, program, and/or invitation.

**Justification for Meal &/or Gift Cards ONLY:**

Provide the name, email, & phone number for the individual responsible for card distribution and record keeping.

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In the box below, describe in detail the purpose of the meal and/or gift cards and provide card recipient names. Substantiate this information by providing a copy of the flyer, agenda, program, and/or invitation.

**Email the completed form (pages 1&2) and all necessary documents  
to your 20/20 Catering Coordinator**