MEMORIAL
UNIVERSITY

Faculty of Medicine

Faculty of Medicine Catering/Hosting Pre-Approval Form

Division/Discipline/Unit

Pre-approval request for   General Hosting   Supplier

Home Hosting   Breakfast   Luncheon   Dinner

Restaurant Hosting   Breakfast   Luncheon   Dinner

↳   Name of Restaurant

Purpose of the event

Brief description of event, including the type of food to be ordered (e.g. coffee, lunch, etc.)

Date of the event   Number of Days

mm   dd   yyyy

Estimated Cost[1]

FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION

FOAPAL

Is the hosting part of a larger event (i.e.: forum, retreat, etc.)?

Yes   → If yes, please note and attach.

No

Please attach the following:

-a list of invitees[2]   Not available, names confidential

-an agenda/brochure/invitation   Not available

Information of the person completing the form

Name   Telephone   E-mail

_____
Approval Signature from Discipline/Unit   mm   dd   yyyy

****Administration Services Office use only***

_____
Approval Signature from Administration Services Office   mm   dd   yyyy

---

[1] Quotes may be necessary; see guidelines as to when quotes are required.
[2] When submitting for pre-approval, please note if invitee is faculty, staff, or visitor; when submitting documents for reimbursement/payment, please include sign-in sheet (where available).