

# Culinary Creations / Student Engagement and Leadership

## Billing Agreement

Name of Student Organization: \_\_\_\_\_

Description / Title of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location of the Event: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_  SGA Grant \$ \_\_\_\_\_

Estimated Cost of Event: \_\_\_\_\_  Sponsoring department \$ \_\_\_\_\_

Organization \$ \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Email: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Representatives Name: \_\_\_\_\_ Email: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Engagement Approval / Date: \_\_\_\_\_

All approved events will also need a list of the attendees for the event

\* Tax will be applied to any portion of the bill the Student Organization is responsible for unless they can provide a proper tax exempt form

\* If catering order is partially funded by an SGA grant and/or department the organization WILL BE responsible for the remaining balance

Official Student Engagement Stamp Here