

Sponsoring Student Organization: _____

Event with purchase of alcohol? Yes (*signed alcohol rider or 12-month agreement required*)

No

** If you check "No" above, but submit an invoice with alcohol, you will not be reimbursed for the event.*

Event Name / Description: _____

Begin Date and Time: _____ End Date and Time: _____

Type of food being served: _____

Number of attendees expected: _____

Vendor name, location, contact information: _____

Vendor point person: _____

Will a check need to be cut for payment of the event? _____

Cost per person if known: Includes food and beverages \$ _____

FOR INTERNAL PURPOSES:

VENDOR

NORTHWESTERN GRADUATE/PROFESSIONAL PROGRAM

By: _____

By: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

cc: Student Organization Finance Office

Sponsoring Organization account # or individual to be reimbursed: _____

Type of agreement with vendor: _____