MICHIGAN STATE
UNIVERSITY

CROSS ROADS
FOOD COURT

CROSSROADS FOOD COURT
INTERNATIONAL CENTER
INTERDEPARTMENTAL TRANSFER

DEPARTMENT NAME _____ ACCOUNT NUMBER _____

BILLING ADDRESS _____ CONTACT NAME _____

_____ PHONE NUMBER _____

VENDOR NAME _____ FUNCTION DATE _____

Expenses for food, beverage & room rental must conform to sections 45 and 46 of the MSU Manual of Business Procedures.

FULLY EXPLAIN SPECIFIC BUSINESS PURPOSE : _____

AFFILIATIONS / ORG. REPRESENTED / NAMES (or # if more than five)

1. _____ 4. _____

2. _____ 5. _____

3. _____

#	DESCRIPTION	AMOUNT
	TOTAL	

Goldenrod (Last) Copy - Customer
Pink (Next to Last) Copy - Crossroads Vendor
All Other Copies - Auxiliary Operations Office
Billing Questions 355-3494

_____
Authorized Signature Date

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