



CATERTRAX SIGNING AUTHORITY FORM

This authorization is granted for the sole purpose of departmental orders using ARAMARK's online catering system CATERTRAX .

The following employee has been granted signing authority for the FOAP combinations listed below:

Name: _____ ID#: _____ Phone: _____ Signature: _____

Authorized FOAP:

Fund: _____ Orgn: _____ Acct: 6025 Program: _____ Activity: _____

Fund: _____ Orgn: _____ Acct: 6025 Program: _____ Activity: _____

Fund: _____ Orgn: _____ Acct: 6025 Program: _____ Activity: _____

Appointment expiry date: Ongoing Expires _____

***If the employee is being given authorization to use this FOAP for a one-time event, it is important to indicate an "Expiry Date" (eg. one week after the event). This is important because if there is no expiry date then the employee will have access to charge to this fund on an on-going basis.*

Faculty /Department / Unit Authorization

Authorization of supervisor/dean/director: _____

Name of above (printed): _____

Contact Information: E-mail: _____ Phone: _____

Send **completed** forms to Financial Services for approval and for submission to ARAMARK for Catertrax set up.

Financial Services Use only:

Financial Services Authorization: _____ Date: _____