



Gourmet Dining Food Service E-Cater Maintenance Form

Department Name _____

GL Account Number - **-11501**

Fund Account ObjCode

Requester(s):

Employee Name	Employee Email

Approver(s):

Employee Name	Employee Email

NOTE: Departmental **Requesters** will use Gourmet Dining's E-Cater application to initiate a catering order. The identification of where the expenses should be charged will be completed at the time the order is initiated and will carry forward automatically to the **Approver** via the work flow approval process. Once the order is approved, Gourmet Dining will process the catering order. It is recommended that at least two **Requesters** and **Approvers** be identified for each account to ensure there are adequate backups in place within the E-Cater workflow system.

Please obtain the following signature before returning this form to the Controller's Office

Department Head Name	Signature	Date

Please provide us with the name and extension for someone in the department that we can contact if we have any questions regarding the information provided above:

Name & Telephone Extension

Please scan and email all forms to Maria D'Anna in the Controller's Office at mdanna@monmouth.edu. If you have any questions regarding the completion of this form, please contact Maria at x3407.