



Payment Authorization for Dining Services

Invoice No.: _____

Flavours Catering by Sodexo

Station 51 | 1500 S Ave K | Portales, NM 88130

Phone: 575.562.2809 | Fax: 575.562.2173 | enmuflavours.catertrax.com

CaterTrax Instructions

1. Complete this document in its entirety, making sure to include all necessary approval signatures and account information. Dining Services no longer accepts incomplete payment authorization.
2. To order catering services or authorize guests to dine at the Crossroads Café, please log in to your ENMU Flavours Catertrax account. New customers can sign up for an ENMU Flavours Catertrax account by visiting enmuflavours.catertrax.com.
3. After completing this form and submitting your online order through the Catertrax portal, please send it to michael.weaver@sodexo.com or fax it to 575.562.2173.

Requestor and Billing Information

Department/group name: _____

Requestor name: Last: _____ First: _____ Middle: _____

Phone: _____ Fax: _____ ENMU email: _____

Department index and account number to be charged: _____ Billing station: _____

Event Information

Event name: _____

Purpose of event: _____

Date of event: _____ Start time of event: _____

Participants (check all that apply): Faculty Staff Regents Public Other: _____

Acknowledgement and Approval Signatures

I understand Sodexo catering staff needs a minimum of 10 business days before an event in order to adequately prepare. Failure to submit this form with all required signatures to Sodexo at least three business days before the event could subject it to cancellation and/or may result in additional catering charges associated with the event.

Requestor printed name _____ Requestor signature _____ Date _____

Chair, dean/unit director printed name (if applicable) _____ Chair, dean or unit director signature _____ Date _____

Vice president printed name _____ Vice president signature _____ Date _____