



# Payment Authorization for Dining Services

Flavors Catering by Sodexo | Phone: 575.562.2217 | Fax: 575.562.2173 | ENMU Station 51

Invoice number: \_\_\_\_\_

## 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 Cafe, 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](http://enmuflavours.catertrax.com).
3. After completing this form and submitting your online order through the Catertrax portal, please send it to [matti.verder@sodexo.com](mailto:matti.verder@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 Signature

I understand Sodexo catering staff needs a minimum of ten 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 applicabe) Chair, dean or unit director signature Date

\_\_\_\_\_  
Vice president printed name Vice president signature Date