

**MANSFIELD UNIVERSITY**  
**Request to Purchase / Serve Alcoholic Beverages for University Events**

Name:  Email:  Phone:

Company/Organization:

Event Name:  Location:

Date of Event:  Hours:  Expected # of Guests:

Description of guest list (i.e. faculty, administration, alumni, students, etc)

Justification of why alcoholic beverages are appropriate at this function:

Description of alcoholic beverages to be served:  Cost: \$

Description of non-alcoholic beverages to be served:  Cost: \$

Description of food to be served:

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*"I accept full responsibility for this function and I certify that the purchase and service of alcoholic beverages will be in full compliance with the Mansfield University Alcoholic Beverage Policy". See Mansfield University Alcoholic Beverage Policy as amended on September 25, 2018*

**To Digitally Sign Document, open in Adobe Acrobat or Acrobat Reader.**

\_\_\_\_\_  
Event Coordinator - Administrator, Chair, Department Head, Event Coordinator

\_\_\_\_\_  
Approved: Director/Dean

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**FOR OFFICE USE (for UNIVERSITY AND NON-UNIVERSITY EVENTS)**

\_\_\_\_\_  
Confirmed: Chief of Police

\_\_\_\_\_  
Received: Director, Dining Services

\_\_\_\_\_  
Confirmed: Vice President for Finance & Administration

\_\_\_\_\_  
Confirmed: President

Date

**Information Provided by Dining and Conference Services**

Fund Center Codes: Food  Alcohol:   
Other: