

Principal Account Authorization Form

ORG Number: _____ School's Name: _____

Name of Principal or Principal's Designee: _____ Telephone Number _____

Name of Cafeteria Supervisor: _____ Telephone Number _____

Office Manager's Name _____ Email Address: _____

The Principal (or Principal's Designee) authorizes Cafeteria Supervisor to apply charges to the Principal Account on the Point of Sales for activities indicated below.

Check all that apply and describe.

- | | |
|--|--|
| <input type="checkbox"/> Volunteer Appreciation (Provide a list) | <input type="checkbox"/> Teacher Appreciation (Provide a list) |
| <input type="checkbox"/> Student Rewards (Provide List) | <input type="checkbox"/> Other _____ |

Please complete:

	Fund	Function	Object	Sub-Object	Organization	Year	Program
School Line Code to charge:	□	□	□	□	□	□	□

Amount of Charge \$ _____

The amount of charge will be transferred from the school line code to Food Services and applied to the school cafeteria's Point of Sales under the Principal's Account at the time of receipt.