

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.

☐ Volunteer Appreciation (Provide a list)

☐ Teacher Appreciation (Provide a list)

☐ Student Rewards (Provide List)

☐ Other _____

Please complete:

	Fund	Function	Object	Sub-Object	Organization	Year	Program
School Line Code to charge:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.