INSTRUCTIONS: Request Form requires downloading the form and using <u>Adobe Acrobat</u> to fill out and digitally sign this document.



- 1) Fill out this digital form, sign with your Adobe <u>digital signature</u> and have it digitally approved by the responsible Dean/Department Head.
- 2) Funds must be encumbered.\* Prepare an IVPO and provide the CR number. You can finalize the IVPO for payment once the dollar amount is correctly identified.
- 3) Email your digital form to Dining Services Catering Department for review and acceptance of the scheduling request for alcohol service <a href="mailto:catering@etal.uri.edu">catering@etal.uri.edu</a>.

Catering will then provide the request to the Vice President for final approval.

- 4) Approved requests will be emailed to the applicant and catering.
- 5) There is a two (2) week minimum application period requirement. Requests received less than two (2) weeks prior to an event will <u>not</u> be approved.

## URI REQUEST FOR APPROVAL: ALCOHOL SERVICE/SALE

Applicant:		
Email:		
Telephone:		
College/Department:		
Event Title:		
<b>Event Purpose:</b>		
<b>Event Date and Time:</b>		
<b>Event Location:</b>		
Type of Service:		
Source of Funds/CFS:		
IVPO or Requisition#:		
<ul> <li>This event is not</li> </ul>		——————————————————————————————————————
Responsible Dean/Depar	rtment Head <u>Digital Signature</u>	
	the University of Rhode Island A	le, consumption and distribution of alcoholic Alcohol Policy #10-01 and the State of Rhode Island
URI Dining Services Cate	ring Department <u>Digital Signature</u>	
The sale and/or service	of alcohol is allowed as specifie	ed above.
President's Designee: Al	bigail Rider <u>Digital Signature</u>	

President's Designee: Abigail Rider <u>Digital Signature</u> Vice President, URI Administration and Finance