

Office of Purchasing and Travel

FOOD PURCHASE

DATE OF EVENT: \_\_\_\_\_ AGENCY: \_\_\_\_\_

TIME OF EVENT: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

REQUESTING INDIVIDUAL: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

RESTAURANT/VENDOR: \_\_\_\_\_

CHECK BOX THAT APPLIES: MEETING/EVENT  BULK FOOD PURCHASE

WILL TAKE PLACE: ON-CAMPUS  OFF-CAMPUS

ESTIMATED AMOUNT OF PURCHASE: \_\_\_\_\_

NAMES OF PARTICIPANTS**	TITLE/AFFILIATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GROUP ATTENDING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PURPOSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* If more than 10 people were present, give a general description of who attended the meeting/event with the name or names of the people leading the event. \*\* If the purchase is a bulk food purchase be sure to include a purpose for the purchase. \*\* If the purchase is for a meeting be sure to include a copy of the meeting agenda.

I certify that this purchase complies with the [University Catering Policy and University Snacks Policy](#).

\_\_\_\_\_  
Signature of Requesting Individual Cardholder Date

\_\_\_\_\_  
Signature of Approving Program Coordinator or Agency Head Date