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