

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

FOOD PURCHASE

DATE OF EVENT: _____

REQUESTING INDIVIDUAL: _____ CONTACT NAME: _____

DEPARTMENT: _____ CONTACT PHONE # _____

RESTAURANT/VENDOR: _____

LOCATION OF EVENT: _____

NAMES OF PARTICIPANTS**

TITLE/AFFILIATION

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GROUP ATTENDING: _____

** If more than 10 people were present, give a general description of who attended the event with name or names of the people leading the event.

Signature of Requesting Individual (Employee)

Date

Signature of Approving Department Head/Next Higher Administrator

Date