

FOOD EXPENSE APPROVAL FORM

Department Name:		Location of Event:	Date(s) of Event:
Requestor Name:	Estimated No. of Attendees:	Type of Food Expense: <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Refreshments <input type="checkbox"/> Lunch <input type="checkbox"/> Other _____	
Requestor Phone No. & E-Mail Address:	Per Person Fee Collected (if applicable):	Account No. to be Charged:	Estd Overall Cost: Estd Cost per Person:

Vendor Name:

Purpose of event, benefit to university, and who will be attending:
--

Department Head Approval:			
Printed Name:	Title	Signature	Date
Dean/Unit Head Approval:			
Printed Name:	Title	Signature	Date

Vice President Approval:			
Printed Name:	Title	Signature	Date