

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 Dinner Refreshments Lunch 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:
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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