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 □

NAMES OF PARTICIPANTS** NUMBER OF PERSONS
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

______________________________________ __________________________
Signature of Requesting Individual Cardholder Date

______________________________________ __________________________
Signature of Approving Program Coordinator or Agency Head Date