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**  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:

________________________________________________________________________
________________________________________________________________________

Signature of Requesting Individual Cardholder  Date

Signature of Approving Program Coordinator or Agency Head  Date