



Food Attachment

When: (Date(s) of event)

Where: (Location of event)

What: (Type of event)

If Other Event Type,
Please detail:

Meal Type:

Number of Attendees:

Who:

List attendees or use page provided.

How much? (Total of Expenditure)

Reference [Fund Guidelines](#) for amount and fund restrictions

FOP Number(s):

FOP #1:

Dollar amount on FOP #1:

Description and Business Purpose

Provide a detailed description of the event and a clear business purpose in compliance with [17.6 Food Purchases](#).

Purchaser Certification

I hereby certify under penalty of law that the expenditures of funds for the purchase of food and beverage is necessary for the completion of the function of this department, qualifies as a legitimate public purpose or that the educational function of this University is well served thereby. I agree that the above information is completed and accurate. I agree that all required documentation is attached.

Printed Name and Title

Signature

Date

