

FLORIDA POLYTECHNIC UNIVERSITY PROCUREMENT DEPARTMENT

Food Expense Request Form

To be submitted before an event occurs.

Table with 5 columns: Supplier Name, Amount, Department Name, P Card Holder, Event Date

Name and Purpose of the Event

Attending: Please provide the names of those attending. If over 25 individuals, please indicate the type of attendees

Cost Center:

Fund:

Food Purchases: Except as otherwise delegated in the Purchasing Manual, only the Purchasing Department is authorized to grant permission to use expense cards for Food expenses.

Cost Center Manager Signature

Date

Cardholder Signature

Date

Procurement Signature

Date