



FOOD PURCHASE FORM

Event Date: _____ Payment Method (P-Card/RFP): _____

Department: _____

Contact Name: _____ Contact Email: _____

Restaurant/Vendor Name: _____

Check Box That Applies: Meeting/Event Bulk Food Purchase

Location of Event: _____

Purpose of Event: _____

Names of Participants**	Affiliation

** If more than **Five (5)** people were present, give a general description of who attended the meeting/event under Names of Participants. Please attach a separate sheet with participant names and affiliation.

Signature of Requesting Individual	Date
Signature of Signatory Authority	Date
By signing this form, I take full responsibility in complying with all food purchase policies of the University of Mississippi.	

The following items should be attached as backup documentation:

- | | |
|--|-----------------------------------|
| Meeting Agenda/Candidates Itinerary | Itemized Receipts |
| Attendees List w/ Affiliation (if more than 5) | Any other pertinent documentation |