Mississippi State University

FOOD PURCHASE

DATE OF EVENT: _____ **PURCHASE ORDER #:** _____

REQUESTING INDIVIDUAL: _____ **CONTACT NAME:** _____

DEPARTMENT: _____ **CONTACT PHONE #:** _____

RESTAURANT/VENDOR: _____

LOCATION OF EVENT: _____

NAMES OF PARTICIPANTS**	**TITLE/AFFILIATION**

GROUP ATTENDING: _____

_____

_____

PURPOSE OF EVENT: _____

_____

_____

**** If more than 10 people were present, give a general description of who attended the event with the name or names of the people leading the event.**

_____ _____

Signature of Requesting Individual (Employee) Date

_____ _____

Signature of Approving Department Head/Next Higher Administrator Date