



MISSISSIPPI STATE UNIVERSITY™

FOOD PURCHASE

Date: _____

Payment Method (Procard/PO #): _____

Department: _____

Contact Name: _____ Contact Phone Number: _____

Restaurant/Vendor Name: _____

Location of Event: _____

Names of Participants**	Title/Affiliation

** If more than ten (10) people were present, give a general description of the group along the name(s) of the group leaders. Can attach this on a separate sheet if needed.

Purpose of Event: _____

Signature of Requesting Individual (Employee)

Date

Signature of Approving Department Head/Next Higher Administrator

Date