



## University Food Expense Approval Form

Department Name: \_\_\_\_\_ Function Date: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Department & Fund Number to be Charged: BF000 53005

For Grants:	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
	PC Unit	Project	Activity	Oper Unit	Dept. Fund Account Class
				ex: 921001	ex: A0001 ex: 101

Estimated \$ Amount (Not to Exceed) \_\_\_\_\_

### Select Function Policy Reference

A, D, E, N, R, Z, grant funds:

Athletic, Exempt, Designated, Foundation, or R funds only:

### Attendees:

Less than 25 (list names here or submit with receipt).

More than 25 attendees. List of all names will be recorded and kept by the department for auditing purposes.

**My signature denotes that I have read and understand University policy regarding the expenditure of funds on consumable items and agree to abide by its terms.**

### Signed and Dated:

\_\_\_\_\_  
Initiated By (Dept Head if Applicable)

\_\_\_\_\_  
Provost Vice Chancellor, Dean, or Athletic Director

\_\_\_\_\_  
Grants (if necessary)

\_\_\_\_\_  
Purchasing

\_\_\_\_\_  
Chancellor

*Please note: Until this form has been approved by Purchasing the expenditure is not approved. Any items not approved by Purchasing may be considered an unauthorized procurement and the department or individual may be held personally liable for the cost.*