

**FOOD EXPENSE APPROVAL**  
**University of South Carolina Beaufort**

Function/Purpose:	CITE BUSF 7.05 Policy Ref	Participants (List individual names if less than 25 people)	Function Date	Source of Funds (Account Number) 172xx XXXX)	Estimated \$ Amount Not to Exceed

Initiated By:

Reviewed and Recommend Approval:

Reviewed (If Grant Activity):

\_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Chancellor/CIO/Ath Dir

Director, Grants

Your signature on this document indicates your certification that Funds are available from the account(s) provided. **Do not go forward with the proposed food expense without notification of the status of your request from Accounts Payable.** Failure to comply will be treated as an authorized procurement.

Reviewed

Approved:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Purchasing

Chancellor