FLORIDA POLYTECHNIC UNIVERSITY PROCUREMENT DEPARTMENT

Food Expense Request Form

To be submitted before an event occurs.

Supplier Name	Amount	Department Name	P Card Holder	Event Date

Name and Purpose of the Event

Attending: Please provide the names of those attending. If over 25 individuals, please indicate the type of attendees

Cost Center:

Fund:

Food Purchases: *Except as otherwise delegated in the Purchasing Manual, only the Purchasing Department is authorized to grant permission to use expense cards for Food expenses.*

_____ _____

Cost Center Manager Signature Date

_____ _____

Cardholder Signature Date

_____ _____

Procurement Signature Date