



P-CARD FOOD PURCHASE FORM

DATE OF EVENT: _____

REQUESTING INDIVIDUAL: _____

DEPARTMENT: _____

RESTAURANT/VENDOR: _____

LOCATION OF EVENT: _____

PURPOSE OF EVENT: _____ Shepherding Group _____ Business Meal _____ Other

If Shepherding Group, please list number of students _____

If Business Meal or Other, please describe purpose, and list names of participants below

NAMES OF PARTICIPANTS** TITLE/AFFILIATION

** If more than 5 people were present, give a general description of who attended the event with the name or names of the people leading the event.

1. _____
2. _____
3. _____
4. _____
5. _____

APPROVALS:

Signature of Requesting Individual (Employee)

Date

****Note: Please attach itemized receipt for purchase to back of form and 1) return the completed form to Accounts Payable if it is for a shepherding group, or 2) file the completed form and receipt with the departmental P-card log for expenditures for a purpose other than a shepherding group.***