

Cafeteria Purchases Form

Date submitted: _____

Person responsible for this request:

NAME: _____ E-mail: _____

Room # and Phone Extension: _____

Will you be paying for this personally? Yes/No (please Circle)

If yes, please sign here: _____

If no please have the appropriate administrator sign authorizing the purchase:

Signature: _____ Title: _____

PO#: _____

Date of event: _____ Time: _____

Food/Beverage items requested:

Additional Comments(# to be served, cost limitations, etc.):

Office Use Only:

Food Svc. Mgr. Approval _____ Est. Cost _____