



**MS DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT**

FOOD PURCHASE

DATE OF EVENT: _____ AGENCY: _____

TIME OF EVENT: _____ CONTACT NAME: _____

REQUESTING INDIVIDUAL: _____ CONTACT PHONE: _____

RESTAURANT/VENDOR: _____

CHECK BOX THAT APPLIES: MEETING/EVENT ☐ BULK FOOD PURCHASE ☐

NAMES OF PARTICIPANTS**

TITLE/AFFILIATION

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GROUP ATTENDING: _____

PURPOSE: _____

** If more than 10 people were present, give a general description of who attended the meeting/event with the name or names of the people leading the event:

** If the purchase is a bulk food purchase be sure to include a purpose for the purchase

Signature of Requesting Individual Cardholder

Date

Signature of Approving Program Coordinator or Agency Head

Date