

## FOOD AND BEVERAGES Purchase Request

Complete this form and obtain approval before meals or coffee/light refreshments are purchased. This form should be completed at least five days in advance and approved prior to commencement of the meeting. Please email form to foodbeveragesform@wwcc.edu.

Academic Year:	Event Title:	Event Title:			
Sponsoring Department:			Fund/Class/Department:		
Department Contact Name:			Contact's Phone Number:		
Estimated Total Number of I	Invitees per meeting:	(Maintain a list c	f attendees/invitees ir	n the department.)	
Meals will be served					
Breakfast					
Lunch					
Dinner					
*The cost per meal may not	exceed the applicable per	diem, including tax and gratuit	y, for the location in w	which the meal is	
served. Estimated cost of me	eals \$				
Coffee/Light refreshm	ent will be served. Estimat	ted cost of coffee/refreshment	c. ¢		
			з. <i>ф</i>		
Name of Meeting Coordinat	tor: (PLEASE PRINT)	Signature of Coordinator:		Date:	
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APPROVAL		
Name of Approving Vice President: (PLEASE PRINT)	Signature of Approving Vice President:	Date:
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The following information should be noted in the comments of your P-Card transaction:

- Business purpose of the meal;
- Campus location, date, time of event/meal if not ascertainable from the transaction detail and/or receipt (e.g., catering expenses)

Meal costs should be kept to a reasonable amount, the guideline states that the cost per meal can be no greater than the local per diem rate for the meal being served but preferably lower is ideal.