TO: Chancellor/Campus President

FROM:

DATE:

RE: Approval To Provide Food for a Region 7 Activity

Activity Date: ________________
Activity: ____________________________________________

_________________________________________________________________

Estimated Cost: _____________
Proposed Vendor(s): 

_________________________________________________________________

Individuals in Attendance: A complete list of all individuals that food was purchased for must be forwarded to the Business Office before payment will be made to the vendor.

The cost cannot exceed the respective per day rate for food as outlined in the Financial Management Manual. Those costs currently are: Breakfast/Lunch/Brunch $11.50/person, Dinner $23.00/person.

Note: Under no circumstances will the above funds be used for the purchase of alcoholic beverages.

Approved: ___________________________  Approved: ___________________________
Director                       Chancellor/Campus President

Date: ___________________________  Date: ___________________________