

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: _____
Director

Approved: _____
Chancellor/Campus President

Date: _____

Date: _____