**Office Use Only (Grant Account Manager)**

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purchasing Request for Food**

(This request needs to be made no later than 10 business day prior to your event)

|  |  |
| --- | --- |
| Date(s) Needed |  |
|  |  |
| Department |  |
| Contact Name |  |
| Contact Phone |  |
| Contact Email |  |
| What Vendor do you want to use? |  |
| What kind of food purchase? (snacks, meal, water) list all that apply |  |
| Will you need the Sam’s Card? | Yes No |
|  |  |
| Event/Activity Name |  |
| Event/Activity Date(s) |  |
| **Business Purpose and Description of Event/Activity and Benefit to the Title III or V program and TXST**  **Specify:**   * Why is food necessary to the business purpose? * How does providing food at this event/activity effect the impact of the event/activity? |  |
| **Employees or Non-Employees or Both** (note: anyone who is paid by the university is considered an employee) |  |
| **Provide a list of attendees.** (even if it is tentative) (can be attached) |  |
| **Provide an AGENDA for meetings and trainings.** (even if it is tentative) (can be attached) |  |
|  |  |
| **Estimate of costs** |  |
|  |  |
| **Provide a QUOTE from the vendor/s as an attachment** | |

|  |
| --- |
| OFFICE USE ONLY  APPROVED FOR PURCHASE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PCARD WAIVER REQUESTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PO CREATED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NOTES: |