

Food and Beverage Authorization Request (Policy & Procedure 6240)

(Submit completed form and signed receipts to the Business Office)

Requestor Name (Print):		
School or Department	Date of Request	Date/Duration of Event

Nature of Business (e.g. staff training, study session):

Direct Benefit to District of Providing Food/Beverage:

***Participants (e.g. staff members, advisory committee members, volunteers):**

Items Purchased (e.g. meals, beverages, fruit, etc.):

Estimated Cost: _____ **Account Number:** _____

Requestor Signature

Date

Bldg/Dept. Budget Administrator Signature

Date

Superintendent/Designee Signature
(for meals only)

Date

*** All attendees must sign the roster on page 2 ***

