	Arkansas Sta	ate University $\ \ \ \ \ \ \ \ \ \ \ \ \ $	PCard/TCard
Date Submitted:	Request for F	Food Purchase	Requisition #:
vendor. This form is <u>n</u> The Food Purchase p purchase . If this form is	ed for food purchases for on or off camp ot required when food purchases are pa event takes place in a buildi rocedure document details the steps tha not approved by Sodexo, Inc., payment nso@astate.edu, if required. A copy of t submitted to Procurement Services vi See Food Purchase Requests Pro	nid for by A-State Foundation or Stude ing requiring use of Sodexo. It are required. Sodexo, Inc., must app will not be made to the vendor. Com the signed form must be submitted at a email to procurement@astate.edu.	prove this form before splete this form and email
	On Campus Event	Off Campus Event	
Requesting Department:		Phone:	
Submitted by:		Email:	
Fund-Orgn-Prog:			
Event Name:		Event Purpose:	
Event Date:	Event Location:		
Number of Attendees:	 List Attendee Names:		
the University:	ns an Official Function, per Operating Pr	ocedure 05-09, provide Justification f	or now the event will benefit
Additional Consideration	S:		
Departmental Signatures:			
	Dean/Dept Head	Date	
_	VC or Designee	Date	
*See Food Purchase Req	uests Procedures for events that requ	ire Sodexo's signature.	Approve
Sodexo, Inc Approval - By	signing below, I agree Sodexo, Inc., car	nnot provide food for this event.	Disapprove
	Sodexo, Inc Representative	 Date	