

**Food and Beverage Authorization Request**

District purchased beverages and food can only be authorized for purposes consistent with district policy and procedures 6240 and 6240P.

Describe function for which food is to be provided:	
Function: _____	Number attending*: _____
Location: _____	Cost estimate: _____
Date(s) _____ Time: _____	Actual cost: _____
Nature of business to be conducted (agenda attached):	Gratuity (?): _____
Type of food and beverages to be purchased:	Total cost: _____
Method of payment for food:	* Attach list of attendees.
District Food Service journal voucher _____	Administrative revolving fund check _____
Petty cash reimbursement _____	P-Card _____
Purchase order # _____ to vendor _____	PO/invoice payment _____
Budget number to be charged: _____	Date: _____
Employee requesting food purchase: _____	Date: _____

Check the appropriate description(s) of the activity for which you are requesting district purchases of beverages and/or food:
<input type="checkbox"/> Benefits accrue to district programs directly. <input type="checkbox"/> Meeting is at least one half day (3.5 hrs) or more in duration. <input type="checkbox"/> Meeting is held outside the normal work day. <input type="checkbox"/> Participants are some distance removed from their normal work sites. <input type="checkbox"/> Refreshments for volunteers/ non-district employees are in consideration for services rendered to the district. <input type="checkbox"/> Providing food is likely to enhance the operational efficiency of the school/department. <input type="checkbox"/> The meeting is at the normal worksite but is of a non-routine nature.

Administrators' signatures for approval: <i>(Should none of the above apply, or if the function is not approved for district expense, I personally accept financial responsibility for the resulting bill.)</i>
Building/Department Administrator signature: _____ Date: _____  Cabinet supervisor approval: _____ Date: _____

**Instructions:** Prior to the meeting or event, complete this form with approval of the administrators. Submit this form with receipts where applicable to Accounts Payable before reimbursement or payment can be made.