



# Meal Purchase Justification

## (District Wide Approval Form)

*This form must be completed for all meal purchases PRIOR to completing any transactions*

### General Information

Vendor Name: \_\_\_\_\_ Payment Method: P-Card\*  Purchase Order\*

*\*Prior Approval Required*

Vendor Address: \_\_\_\_\_ School/Department: \_\_\_\_\_ Account Code: \_\_\_\_\_

Check One: Breakfast  Lunch  Dinner   
*(\$10.00 Max per person)*
*(\$15.00 Max per person)*
*(\$20.00 Max per person)*

**Provide an itemized list of items to be provided:**

*(Ex. Continental Breakfast: i.e. 4 Fruit Trays, 2 Pastry Trays, Coffee, and Water; Lunch: 24 Lunch Boxes, Juice, and Bottled Water)*

**Provide District Business Justification for purchase:**

Type of Training/Seminar/Meeting:	
Date of Event:	Total Number of Attendees:
Time of Event:	Location:
ESTIMATED TOTAL PRICE (include all applicable taxes and fees) \$	

**Complete for PCard Use only:**

PCard Payment Date of Service:	
Cardholder Name:	
Card Last (4) Digits:	

*(The PCARD purchase and receipt must be issued on the above date NO EXCEPTIONS)*

Supervisor Approval: \_\_\_\_\_  
Printed Name
Signature
Date

Executive Level Approval: \_\_\_\_\_  
Printed Name
Signature
Date