

FOOD PURCHASE PRE-APPROVAL FORM

(required for reimbursement)

(TCTC Procedure 7-3-1010-2)

Approval is requested to purchase food for the following official College business purpose:

NOTE: The College PCard may NOT be used to purchase meals for state employees at any time or under any circumstances.

- Award/recognition ceremony
- College-wide event:
 - College-sanctioned activity that benefits entire campus, i.e. support instruction, research, promotional, marketing, economic development, or institutional advancement (including fundraising)
 - Faculty/staff appreciation, orientation, graduation
 - Special function outside the “normal” daily activity of the College (speaker, lecture, conference, convocation, etc.)
- Employee award to recognize/reward innovation or improvements, or employee development activity that enhances quality of work or productivity
- Interview with applicant (and spouse) by official College host
- Meeting with:
 - Business leaders outside the College for the purpose of student interaction, and/or future contributions to programs
 - Colleagues from other universities/colleges to discuss instruction, public service, joint endeavors, and administrative functions
- Faculty/Staff function that includes others from outside the College, e.g. Advisory Committee meeting, work session with College student leaders, etc.
- Business development meeting with external clients.
- Employee professional development training session, workshop, or meeting (may or may not include designated non-College individuals such as consultants and other guests providing a direct service or benefit to the College)
- Student enrichment activity – *Use of the PCard IS permitted for meals **for students and non-state employee chaperones while on travel status.** (See Procedure 7-3-1010.2 for guidelines.)*

Name and description of event for which food is requested: _____

Date / beginning & ending time: _____

Location: On campus

Off campus

Food provided by: College Café

Outside vendor _____

Vendor Name

Attendees (attach separate sheet if necessary):

Name:

Title:

Requestor _____

Contact Info: _____

Account to be Charged: _____

Estimated Amount: _____

APPROVED

Yes

No

Department Head /Manager

Date

Division Dean/Director

Date

Division Vice President

Date