|  |  |  |  |
| --- | --- | --- | --- |
| **College of Education & Applied Human Sciences  Request to use Food ProCard** | | | |
| **Name** |  | | |
| **Department** |  | | |
| **Restaurant Name** |  | | |
| **Purpose** |  | | |
| **Date of Event** |  | | |
| **How many people will attend the event?** | **# Students:** | **# Faculty/Staff:** | **# External Partners:** |
| **Estimated amount you will spend** |  | | |
| **What ORG # is this being charged to?** |  | | |
|  |  | | |
| **Budget Manager Approval for above ORG #** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Budget Manager Signature Date | | |

REQUEST APPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 Dean Signature Date

|  |  |
| --- | --- |
| **Dean’s office completes items below when the card is issued and returned.** | |
| **Date & Time of Checkout** |  |
| **Date & Time Returned** |  |
| **Verify required items returned with card** | Detailed Receipt  Food Substantiation Form  No tax charged |