|  |
| --- |
| **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  |