

**Food Expense Approval Form**

**Dept./Employee Name:** \_\_\_\_\_

**Total Expense:** \_\_\_\_\_

**FOAP #:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Vendor:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Names or Description of Attendees:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Purpose of Meeting:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Requested By:** \_\_\_\_\_

**Department Head**

**Reviewed By:** \_\_\_\_\_

**Vice President for Business Affairs** (for activities to be paid from Institutional funds)

**OR**

**Foundation Treasurer** (for activities to be paid from Foundation funds)

**Approved By:** \_\_\_\_\_

**President**