

LIVINGSTON COUNTY

FOOD PURCHASE FOR EVENT REQUEST

Please see the 'Procurement Card Policy' and the 'Procurement Card Procedures' for allowable food purchases and approval procedures.

Department: _____ Date of Request: _____

Name of Requestor: _____

Name of Event: _____ Date of the event: _____

Purpose of Event: _____

Time of Event: Start: _____ Finish: _____

Who, attending the event, will be provided food (employees, outside agencies, public, etc)? Please specify.

Attendance mandatory? ____ Yes ____ No Number of Attendees? _____

Reason for providing food:

Where will food be purchased: _____

Estimated cost of purchase (must include estimated cost of all purchases for event): _____

_____ I understand that tips are not to exceed 15%. Anything above 15% will need to be reimbursed to the
(Initial) County.

Allocation Code : _____ Last 4 digits of pcard: _____
Org Obj

Department Director

Date

County Financial Officer or Desginee

Date