## **BUSINESS MEAL PURCHASE APPROVAL FORM**

Event Date			
Event Time			
Event Location			
Account Name			
Description of Event:			
Business Purpose of Meeti	ng:		
Estimated number of atter	ndees (total)		
Estimated number of emp	oyees		
Estimated number of non-	employees		
Estimated Total Cost (food	& meal supplies		
Potential Vendor(s) for Eve	ent:		
Requestor:			
Print Name		Signature	Date
Supervisor:		Vice President:	
Signature	 Date	Signature	 Date
President (if applicable)			
Signature	 Date		

Invited Attendee (Print Name)	JSCC Employee (Check)	Attended Event (Check)	Not listed on original approval (Check)