REQUEST TO SERVE FOOD

AT MEETINGS AND TRAINING SESSIONS

Accounts Payable WSU Controller's Office Pullman, WA 99164-1025

Complete this form whenever meals or light refreshments are served at a University training session or meeting. Attach a copy of the brochure or registration form. Refer to BPPM 70.31 for complete instructions.

NAME OF EVENT			PURPOSE OF EVENT	
EVENT DATE EVENT BEGIN AND END		ND TIMES	EVENT LOCATION	
SPONSORING DEPARTMENT		DEPAR	TMENTAL CONTACT NAME	CONTACT TELEPHONE NO.
Program-Budget-Project SUPPORTING ACCOUNT		TOTAL	NUMBER OF ATTENDEES	NUMBER OF STATE EMPLOYEE ATTENDEES
LIST OF ATTENDEES (De Continue on attachment it	escribe relationship to University finecessary.	ersity, e.g., empl	oyee, guest, official)	
METHOD OF PAYMENT (Check one): Employee reimbursem			ent Direct vendor	r payment IRI
CHECK IF MEALS WILL BE SERVED. Indicate which meals will be served: Breakfast Lunch Dinner				
CHECK IF REFRESH	MENTS WILL BE SERVED.			
CHECK IF THE EVEN	IT IS TO BE HELD IN A STATE	OF WASHINGTO	ON FACILITY. If not, provide expla	nation below.
				12.000
NAME OF MEETING/TRAINII	NG COORDINATOR	SIGNATURE		DATE
I certify that the listed a			ATION eeting or training session. Official s an integral part of the event.	tate business will be conducted.
NAME OF APPROVING OFF		SIGNATURE		DATE