

STATEMENT OF PURPOSE

For

Request for Payment or Reimbursement of Food and/or Beverage Charges

Requisition Number: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Event: \_\_\_\_\_

Purpose of Food Purchase and Benefit to TSTC: \_\_\_\_\_

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

Names of Persons in Attendance:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assoc. VP Signature

\_\_\_\_\_  
Date