
LOUISIANA TECH UNIVERSITY

**Supplemental Information for
Food or Meal Purchases**

1. Name of function held: _____
2. Date of function: _____
3. Location of function: _____
4. Purpose of function: (Explain Fully) _____

5. Number of people attending: _____
6. Where appropriate and feasible, list below or on a separate sheet the individuals (by name and title) attending the function:

APPROVED:

Department Head

Dean

Vice President

Please attach this document to Intracampus Requisition, Confirmation Requisition, Purchase Order, etc. as supporting documentation. (Departments may duplicate this form as needed.)
