Food/Drink Request Form

(this needs to be completed and signed 2-weeks prior to any arrangements being made)

Event Host: _____ UFID: _____

Event Name: _____

Dates of Event: _____

Anticipated Number of Attendees*: _____
*a list of attendees will be required following event

Anticipated Vendor: _____

Anticipated Total Cost: _____

Which series is this request a part of:

☐ T-90

☐ Oral Biology Seminar

☐ Distinguished Lecturer

☐ Other*:

Grant/Project Code: _____

Business Purpose and how it pertains to the Grant or the University missions:

_____

*does not have to abide by Departmental Budget Limits; must attached agenda

Table 1. Departmental Budget Limits

Category	Max Budget
Lunch	$150/event
Dinner	$250/event

Submitter Signature: _____

Approver Signature: _____