

MISSISSIPPI UNIVERSITY FOR WOMEN
PURCHASE ORDER (PO)

Food Purchase Form

Date of Event _____ Department _____

Time of Event _____ Contact Person _____

Resturant | Vendor _____ Contact Number _____

Event Location _____

Event Purpose _____

Event Type (check one)	<input type="checkbox"/>	meeting	Please attach agenda, food memo, & Sodexo waiver if required
	<input type="checkbox"/>	event	Please attach food memo & Sodexo waiver if required
	<input type="checkbox"/>	food for use	Please attach food memo & Sodexo waiver if required

Names of Participants	Title Affiliation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Requesting Cardholder _____ date _____

Signature of Purchasing Director _____ date _____