



ACCOUNTING DEPARTMENT

Dixon Hall, 5th Floor | Box #11

**UNIVERSITY CREDIT CARD
JUSTIFICATION FOR PURCHASE OF FOOD**

Cardholder Name: _____

Phone: _____

Email: _____

Purchase Date: _____

Vendor Name: _____

of Participants: _____

Amount: \$ _____

Justification of Expenditure (must be provided):

Participant Name (please print)	Company Name

If more space is needed, please make note and attach additional document.

This form must be submitted in addition to the receipt provided by the dining establishment.