

 <p>Contracts, Purchasing, and Risk Management</p>	<p><b>Northern Arizona University</b> Contracts, Purchasing, and Risk Management</p> <p>Business Food/Meal Purchase Authorization 928-523-4557</p>	<p>Upload with PCard documentation or in Purchase Request.</p> <p>Revised 02/09/2024</p>
--	--	--

In accordance with University Comptroller Policy [CMP 420-02 Food and Refreshments](#), the Business Food/Meal Purchase Authorization form is required and shall be uploaded to PCard documentation in PeopleSoft Financials or Purchase Request.

Sponsored Projects: The Purchasing Card may be used to purchase food and/or meals on sponsored projects **ONLY IF** the food and/or meal purchase was approved in the funded proposal or in a written modification subsequent to the award. In most cases, food and meal purchases on sponsored project accounts are unallowable. Refer to OMB Circular A-21 Section J, throughout, for specific restrictions related to food and/or meal purchases for a variety of different activities. Contact the Office of Sponsored Projects if you have questions regarding the allowance of food/meal purchases on your sponsored project.

<b>Contact</b>		
Department Name:	Contact email:	
Department Contact:	Vendor:	
Contact Phone #:	Indicate if the event is <input type="checkbox"/> on campus <input type="checkbox"/> off campus	
<b>Business Purpose:</b>		
<b>List of Attendees:</b>		
1.	4.	7.
2.	5.	8.
3.	6.	9.
Attach additional sheet if necessary.		
<b>Acknowledgement</b>		
<input type="checkbox"/> I acknowledge and certify that no alcoholic beverages, or associated tax, are being reimbursed.		
I acknowledge that as a public entity the University shall conduct itself in such a manner as to foster public confidence in the integrity of the University procurement operation and withstand the scrutiny of the public. I certify that the following purchases serve the public purpose, are in compliance with applicable policies and further the mission and goals of the University and the Arizona Board of Regents.		
<b>Reconciler (Cardholder) (For PCard Purchases Only)</b>		
Name:	Date:	
Signature:		
<b>Departmental Local Fiscal Oversight Representative:</b>		
Name:	Date:	
Signature:		
<b>VP or VP Delegate (Delegates as documented in memorandum on file with Contracts, Purchasing, and Risk Management)</b>		
Name:	Date:	
Signature:		