

MIDDLE TENNESSEE STATE UNIVERSITY
AUTHORIZATION FOR PURCHASE OF MEALS AND REFRESHMENTS
FOR BOTH ON AND OFF CAMPUS

Event Date: _____
On Campus Location: _____ Vendor: _____
Off Campus Location: _____ Vendor: _____
Event Purpose: _____

Guest(s): _____

University Personnel in Attendance: _____

Estimated Amount: _____

The claimant certifies by signature that no charges for alcohol beverages are included in the requested amount.

Claimant: _____
Name (Please Type or Print) Signature Date

Approved: _____
Appropriate Dean or Department Head Date

Approved: _____
President or Vice President Date

ORIGINAL RECEIPTS MUST BE SUBMITTED FOR REIMBURSEMENT
Credit Card Receipts will be accepted if the vendors name is legible.

Payment Information:

Check Issued to: _____
Name (Please Type or Print)
MTSU ID (aka M#): _____
Address: _____

Departmental Payment Authorization Number: _____
Index Code: _____ - 74980 (Account Code)
Comments: _____
