**Food Request Form**

Revised Date: August 8, 2011

<table>
<thead>
<tr>
<th>Date of Meal:</th>
<th>*Index #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restaurant Name:</strong></td>
<td></td>
</tr>
<tr>
<td>Alternate Restaurant Name:</td>
<td></td>
</tr>
<tr>
<td>Alternate Restaurant Name:</td>
<td></td>
</tr>
</tbody>
</table>

Names and titles of individuals in attendance:
(If there is not enough space provided please attach roster of attendees)

1.  
2.  
3.  
4.  
5.  
6.  
7.  
8.  
9.  
10.  

**Business Purpose of Meal:**

☐ Breakfast    ☐ Lunch    ☐ Dinner

☐ at restaurant ☐ delivery ☐ pick-up

* Please remember that grant index numbers require advance email approval from the Grant Accounting office.

**For Internal Audit use only:**

<table>
<thead>
<tr>
<th>Gratuity %</th>
<th>Tax charged</th>
<th>Alcohol charged</th>
<th>Notes</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes No</td>
<td>Yes No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
