

**FOOD EXPENSE APPROVAL  
PALMETTO COLLEGE CAMPUSES**

Campus: \_\_\_\_\_

Function/Purpose/Benefit to Palmetto College:	CITE BUSF 7.05 Policy Reference	Participants (List individual names if less than 25) (If more than 25, check box indicating description of invitees on file) *See below statement	Function Date	Source of Funds (A, D, R, etc.)	Estimated \$ Amount Not to Exceed

\*PLEASE CHECK APPROPRIATE STATEMENT:

OVER 25 PEOPLE – LIST OF NAMES & DESCRIPTION OF INVITEES ON FILE IN DEPARTMENT FOR AUDITING PURPOSES.  
LESS THAN 25 PEOPLE – LIST OF INDIVIDUAL NAMES ATTACHED.

Initiated by: \_\_\_\_\_  
Date

Approved: \_\_\_\_\_  
Campus Dean/Vice Chancellor Date

Please return this form to: \_\_\_\_\_

Approved: \_\_\_\_\_  
Susan Elkins, Chancellor Date