

## **Purchase of Meals or Refreshments Form**

Z-Doc/Invoice #	

☐ Meals for Meeting/Retreat (SOU Staff Only, minimum 2 hours w/agen	[ lda) (	Hosting Groups/G		
	Event I			
Vendor:		Tc	otal Amount: _	
Event:		Location:		
Date of Event:	Beginning Time:	am pm	Ending Time:	am pm
If on P-Card, list last 6 digits:	Index C	ode:	Activity Cod	e:
SOU Staff/Faculty/Student E	mployees	G	uest/Student	
	Document	t Checklist		
REQUIRED	Bocamen		JIRED, IF APPLIC	CABLE
☐ Itemized Receipt (if missing or not itemized, must complete back of this form)		☐ Meeting/Retreat Agenda		
		☐ Reimbursement Request Form		
I verify that this purchase does not Meals, Refreshments and Hospitali		I that it adheres to SC	OU policy gover	ning Non-Travel
Purchaser Printed Name	Purchaser Si	Purchaser Signature		
Supervisor Printed Name	Supervisor S	iignature <b>(not required if</b>	on SOU P-Card)	Date

## Non-Itemized/Lost Receipt Affidavit

Items Purchase	Amount	
	Sub-Total:	
	Тах:	
	Gratuity:	
	(may not exceed 15% of sub-total)	)
	Total:	
A one-time lost or non-itemized receipt is accep itemized receipts is a more serious condition.	table, if the purchase is documented and verified in wr	iting. Multiple lost or non-
	ssing receipts may require temporary suspension of the ied when the suspension is lifted. If a lost or missing re	
I certify that the above purchase(s) are in accord	ance with the current SOU purchasing policies.	
Purchaser Printed Name	Purchaser Signature	Date
Budget Authority Printed Name	Budget Authority Signature	Date
Card Custodian Printed Name (If applicable)	Card Custodian Signature (If applicable)	Date
	SERVICE CENTER USE ONLY	
Prohibited Purchase:	Amount Owed:	
Date Received/Placed on Account:		