



Food Documentation Form

A copy of this form must be submitted with any P-Card purchase receipt and payment requests submitted to Accounts Payable.

*This form is **not** required for events that are processed directly through the KSU Foundation*
All Employee Group Meal purchases **must be approved by the President prior to purchase**

Event Name: _____ Event Date: _____
Location of the Event: _____ Time of Event: _____
Department/Student Organization: _____
Purpose of this Event and the Intent for the Food Purchase: _____

Funding Source: _____ **Number of Participants**
Estimated* _____ Actual* _____
Students
KSU Employees (Required to Attend)
Non-Employees
Conference Attendees
Registration Fee Charged _____ **Volunteers**

*: Funding sources using Agency/Grants funding must attach email approval from agency@kennesaw.edu or grants@kennesaw.edu

*: Estimated & Actual totals required

Allowable Per Diem Limits <small>(place an "X" in box)</small>	Number of Days	Per Diem x # Participants	Vendor Invoice Details
\$ 7.00 Breakfast			Food Cost
\$ 9.00 Lunch			Tip
\$ 20.00 Dinner			Set Up / Delivery
\$ 5.00 Snack (student only)			Total on Invoice
			If a meal is not restricted by per diem type "exempt"
Allowable Per Diem Cost		Foundation Acct #	
Cost to be covered by another funding source		5 Digit Speedchart #:	Account# (auto populates)
Total Food Cost (exclude set up/delivery)			

A completed and signed "Food Documentation Form" will need to be submitted with each P-Card purchase receipt and/or submitted with payment requests to Accounts Payable along with the respective supporting documents:

- List of attendees, unless student event with greater than 50 attendees
- Flyers, agendas, invitations, and/or class schedules
- Registration Fee documentation (if applicable)
- Summary page for multiple meal purchases

*Please note that all dates below will auto-populate upon signature

Business Manager:
(As required by department)
Signature _____ Print Name _____ Date Signed _____

Authorized Approver:
(Dean, Dept Chair, Budget Manager, etc...)
Signature _____ Print Name _____ Date Signed _____

I certify that the information provided above is accurate and follows the requirements set by the Board of Regents, State Accounting Office and KSU.

President's Signature: _____ **Date Signed:** _____

The President's signature is required for all Employee Group Meals and Alcoholic Purchases prior to the event. Refer to KSU's Drug and Alcohol Policy. The compliance department will manage the process of collecting this signature. Please forward all forms requiring presidential approval to compliance@kennesaw.edu