

Dean's Office Accounting – Please initial.							
Approved	Disapproved						

Purchasing Approval for Food and Non-alcoholic Beverages					Best consideration for approval includes thorough completion of this request.			
Event Name:								
Meeting	Retreat	Symp	osium	Guest Speake		Diana manida a		
What is the bu			meeting?			Please provide d	lescription of "other	
Logistics:								
Date: Time:					Length of event:			
Location of ev	ent:							
Is this a UNI	M location?	Yes	No	If not, why?				
Attendees:								
Anticipated number of attendees				# UNM affiliates				
# of Non-UNN	/I affiliates			Describe af	filiation			
Note: You mu	ist ensure a	sign-in shee	t is provid	ded at the event, c	ompleted, and	retained for r	ecords	
Food purcha	se:							
What food will	be purchase	ed for this e	vent?					
What is the ar	nticipated co	st of the pur	chase?					
What is the bu	usiness reas	on/purpose	for the fo	od?				
Which index will be used for the purchase?				Is this a restricted index? Yes			Yes No	
Who is the po	int of contac	t for this eve	ent?					
<u>Department I</u>	nfo:							
Department:				Re	equestor:			
Email:				F	Phone #			

For more information, please refer to **UAP #4000**.

Chair/Director Signature of Approval: