



DEPARTMENTS & OFFICAL COLLEGE EVENT SLIP

Employee Name: _____

Date: _____

Department Charged: _____

Fund/Account # _____

Number Of Guests: _____

MEAL:

Breakfast (\$6.50) _____

Lunch (\$8.00) _____

Dinner (\$9.50) _____

Authorized Signature:

ExpirationDate: 8/20/2022