

State Employee Information:

NAME	SSN	STATE AGENCY NAME

Total Number of State Employees Eating #

Total Number of Non-State Employees Eating #

Total Number of people eating #

I attest that the information provided above is true and accurate and meets the State regulations as noted above. No further claim for subsistence will be made by the participants. In the event that meals are served to participants that do not meet the regulations I authorize the a payroll deduction for the cost of the meal(s).

Requester Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

The original must be submitted to the Office of Procurement to be included with the requisition prior to the establishment of a purchase order.

10/31/2008