

APPROVAL FOR CATERING, FOOD PURCHASES OR CONFERENCE FACILITIES

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION



Name of Organization:	
Organization Code:	Contact Person:
Name of event:	
Location:	
Date of event:	Number of people who will be attending: (Form OS-41 must be attached. Complete columns 1, 2 & 7.)

CATERING/FOOD PURCHASES Estimated cost \$ _____

☐ Check if not applicable.

Provide thorough justification for use of catering/food purchases. Address the level and degree of catering/food purchases being requested (use additional sheets of paper if necessary):

CONFERENCE FACILITIES Estimated cost \$ _____

☐ Check if not applicable.

Explain why Commonwealth facilities and/or resources cannot be used (use additional sheets of paper if necessary):

APPROVED BY:

Signature, Bureau Director or District Executive

Date