**King County P-Card Program Food Memo**

(**TEMPLATE)**



[*Department Letterhead*]

|  |
| --- |
| [Month, Day, Year] |

|  |  |
| --- | --- |
| To: | P-Card Team, Finance & Business Operations Division, Procurement & Payables Section |
| VIA: | [Approver/Manager] |
| From: | [Name, Director, Department] |
| CC: | [P-Card Coordinator, etc.] |
| Re: | Request for Approval using Purchasing Card (P-Card) to purchase [ *food, refreshments and/or meals* for *Event/Meeting*] on a [ ***Permanent/Temporary***] basis. |

This approval will allow the select employee/s to use their P-Card to purchase food, refreshments and/or meals for [***type event/purpose, programs and/ duration***].

These Food Purchases are in compliance with [King County Code 3.24](http://www.kingcounty.gov/council/legislation/kc_code/06_Title_3.aspx) and [PER 17-1-4-EP](https://kingcounty.gov/~/media/operations/policies/documents/per1714ep.ashx?la=en) Authorized Travel, Meal, and Expenses Reimbursement for County Employees. The employee will include all necessary paperwork for all expenditures and follow [**Department Name]** policies and guidelines on processing.

\**Food purchases in support of departmental programs that are necessary to serve clients shall include approvals and supporting documentation to justify expense for all subsequent individual purchases and follow Department policies and guidelines.*

P-Card Coordinators are required to audit employees with a permanent food lift to ensure departmental compliance.

The employee/s that we are requesting to have this permission is/are [**cardholder name/s**].

*Note: Employee’s listed must provide their initials as acknowledgement of this request.*

Thank you for your assistance.

Approver Signature Date

**Signatures Required for Permanent Food Lift**

**Coordinator Signature** Date

**Director Signature** Date