

Food and Beverage Expenditure Request Form

Department	Human Resources
Description	To contribute to employee health and wellness programming in a variety of impactful ways, including virtual and in-person individual consultations, live and virtual talks, seminars, and classes across numerous City of Columbus departments, development and delivery of educational materials, cross-collaboration with wellness partners, interactive wellness programming, program development and strategic support, and finally, event planning and onsite engagement.
Public Purpose	To contribute to employee health and wellness programming in a variety of impactful ways, including virtual and in-person individual consultations, live and virtual talks, seminars, and classes across numerous City of Columbus departments, development and delivery of educational materials, cross-collaboration with wellness partners, interactive wellness programming, program development and strategic support, and finally, event planning and onsite engagement.
Date of Event	4/1/2026 - 3/31/2027
Estimated Number of Attendees	3,500 +

ACPO# _____ Department/Division# 4601
 BRDI# _____

Category	Description	Amount
Food & Beverage	Dietitian Services	\$ 70,000.00
Venue		\$ -
Amenities		\$ -
Mementos		\$ -
Other* <small>(complete list below)</small>		\$ -
Total		\$ 70,000.00

Other Expenses			
Description	Amount	Date	Comments
\$ -		Total Other	

Pcard Usage	\$ -
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Petty Cash Usage	\$ -
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Comments:

Total Encumbrance Request	\$ 70,000.00
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DEPARTMENT CERTIFICATE



I certify that the expenditures listed herein serve a public purpose through encouraging public attendance, participation and engagement, or through recognizing and developing staff for better programmatic and service delivery to the community.

Alyssa Martin

 Department Director Signature (required)

3/12/26

 Date