



Name of Event, Entity, . . .

Federal Employer Identification Number

Date(s) of Event

Volunteer(s)

Percentage of the cost of the meals consumed by those consuming

I also declare that my organization is not a 501(c)(29) organization.

Signature of the individual who is doing the work on behalf of

Date Disapproved

Employer Identification

Signature of the individual who is doing the work on behalf of