

Meal/Entertainment Request

For the complete Employee Meals and Refreshments policy refer to policy 4.116

Complete prior to event:

Event Name: _____ Event Date: _____





Business purpose for this event:

Event Location: _____ Requesting Dept: _____
 Direct Bill-Vendor Name: _____ PO# _____ \$ _____
 "h": _____ PO# _____ \$ _____
 Total \$ _____

List of Participants: 

Employees: _____

Guests, or Students: _____

Event held on Campus	Start Time: 	End Time: 	Meal/Refreshment 
Yes: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No: <input type="checkbox"/> 			

A. Number of Attendees:

B. Total cost of meals/ refreshments

C. Tax/tip (tip=<20% pretax)


D. Cost per person: (B plus C divided by A)

Block D not to exceed maximum allowable per person:

Breakfast or Refreshment -\$11.25

Lunch- \$15.75


Dinner-\$24.75

E. Cost of Other 

F. Grand Total

Description of other: _____

GL Account #: _____

Event \$ Maximum  allowed: _____

Requested  _____

Approved  by: _____

Signature

Signature

Date: _____

Date: _____

Revisions: (Attach additional documents for support of revision request)

Reason for Revision: _____

Reapproval required:

Requestor Signature 

_____ Date

Approver Signature 

_____ Date

In addition to this form please attach the following:

- Itemized invoice or receipt providing proof of payment
- List of attendees

- Agenda, invitation, or flyer
- Sodexo waiver when applicable