

PRO4000

Revision Date: (

08-2022

Form Revisions Finalized by:

Michele Canull

BUSINESS MEAL APPROVAL REQUEST FORM (NON TRAVEL MEALS)

Date:					
Department Information					
Institution:					
Department Name:					
Source of Funds (Fund/D Requested By:	epartment/Campus/ <i>i</i>	Account):			
Event Information					
Scheduled Meeting Date:		Meal Location:			
Number of Participants: (Attach List of Attendees	and Affiliation)				
Type of Meal (Check one)	: Lunch	Dinner	Other (describe):		
Purpose/Business Reason	for Meal:				
Meal is Within State Per [Diem Rate:	Meal I	Meal Exceeds State Per Diem Rate:		
If a meal exceeds the State explain why.	te per diem, please				
Meal is (Check one):	On Campus	Off	Campus		
Approvals					
Signature of Department Approver for Source of Funds			Date		
Agency Head/Designee			Date		
*Non-Travel Meals includ employees.	es catering, groceries, an	d any food purchase	e which will be consumed by institution		

**Please retain a copy of attendees at your institution for documentation. The list of attendees should not

be attached to the order due to PII standards.

A COPY OF THIS FORM MUST BE ATTACHED TO A PROCUREMENT REQUEST