

# Meal/Food Pre-Approval Form

*Not for meals related to travel*

This form is required for business meal/food reimbursements and purchases for (i) catered meals and (ii) meals/food purchases attended by only University employees as indicated in 08-14.00.01-Policy on Reimbursement for Business Meals and Purchase of Food Services.

**Requestor:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Date of Meal/Purchase:** \_\_\_\_\_ **Estimated/Actual Cost:** \_\_\_\_\_

**Chartstring To Be Charged:** \_\_\_\_\_

**Will The D-Card Be Used?**  Yes  No      **Will The P-Card Be Used?**  Yes  No

**Type of Meal (please check one):**  Breakfast       Lunch       Dinner

**Purpose/Reason for Meal (please check appropriate box and provide more detailed information below. Refer to policy # 08-14.00.01 for explanation of each category):**

Working Meal       Committee Meal       Recruitment Meal       Training Meal  
 Event Meal       Other Meal

**Description of Purpose (or attach meeting agenda):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Participants: (please attach additional sheet if necessary)**

Name	Affiliation

**This form must be signed by the appropriate person per VII-11.10.01-Policy on Reimbursement for Business Meals and Purchase of Food Services.**

**Direct Supervisor Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Direct Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(<\$2500 = Director, Department Chair, or higher; \$2500 - \$4999.99 = Asst/Assoc Vice President, Asst/Assoc Dean, Asst/Assoc Vice Provost, or higher; \$5000 + = Vice President, Dean, Provost, or higher)*