

Food Services/ Business Meal Approval Form

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|---|------------------------------------|--------------------------------|---------------------------------|---|
| Requestor Name | | Title | | |
| School/ Division | | Department Name | | |
| Date of Business Function | | Place of Function | | |
| Source of funds | | Function start time | Function end time | |
| Total Cost (incl. tax & tip) | | # People | \$/ Person | |
| Type of meal(s) | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Dinner | <input type="checkbox"/> Snack/ Refreshment |

| Type of Function | | | | |
|---|----------------------------------|---|--|--|
| <input type="checkbox"/> Business Meal | <input type="checkbox"/> Meeting | <input type="checkbox"/> Workshop/ Training | <input type="checkbox"/> Other- Describe | |
| Business Purpose of Function or check if meeting agenda is attached <input type="checkbox"/> | | | | |
| | | | | |
| Describe the attendees by name, title and affiliation or check if attendance sheet is attached <input type="checkbox"/> | | | | |
| | | | | |

For P-Card or Campus Center charges only:

Department Head or designee: I certify this expense is in compliance with policy UMB VIII- 99.00 (A)

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|-------------|--------------|------------------|-------------|
| | | | |
| Name | Title | Signature | Date |