

## Food Services/Business Meal Approval Form

|                              |                                    |                                |                                 |  |
|------------------------------|------------------------------------|--------------------------------|---------------------------------|--|
| 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)

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