



Request for Special Meals

Name of Requester

Department Name

Title of Requester

Department FAX #

Email of Requester

Charge to Budget Unit#

Date of Event:

Will be paid with P-Card? Yes No

Purpose of the special meal: _____

Provide justification for the necessity and appropriateness of the meal:

Provide detailed breakdown of all expenses:

Provide a list of all persons for whom the meal is being requested: (attach additional sheet if necessary)

Name

Title

*All special meals must be coded to account #540242.

I certify that the special meal provided is in accordance with the “Guidelines for Special Meal Reimbursement” and PPM 49, Louisiana Travel Guide.

Signature of Requester/Responsible Party

Date of Request

Approvals:

Budget Unit Head /Date

Dean (if applicable) /Date

Provost/Vice President /Date