



## 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 list of all persons for whom the meal is being requested:  
(attach additional sheet in necessary)

Name	Title
_____	_____
_____	_____

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**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