**EVENT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Dept.: |  | Phone #: |  |
| EVENT: |  | Event Date(s): |  |
| Event Time: |  | Location: |  |
| Contact Person for Event: |  | Cost Estimate: |  |
| Purpose of Event: |
|  |

**A LIST OF PARTICIPANTS EXPECTED TO ATTEND, PLUS A MEETING AGENDA MUST BE ATTACHED.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GL Account | Fund | Approp. | Class | Department | Grant - Project | Grant - Activity |
|  |  |  |  |  |  |  |

**Default Chartfield:**

The purpose of this form is to obtain prior approval to serve a meal at the event described below:

1. I understand that this authority is not intended for use with the normal daily/weekly business of college employees, but rather for special situations where the purpose of the event/meeting must be to conduct college business or provide formal training that benefits college employees; AND
2. The meal served must be an integral part of the meeting; AND
3. I further understand that meal expenditures for anniversaries of the college or individual employees and receptions for new and/or retiring employees are prohibited; AND
4. **Expenditures for this meal CANNOT exceed the appropriate meal allowance per person (i.e., Pierce County lunch = $19 /person including tax & tip).**

**Approvals:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Requester’s Signature |  | Print Name |  | Date |
|  |  |  |  |  |
| Budget Manager’s Approval |  | Print Name |  | Date |
|  |  |  |  |  |
| Executive Staff’s Approval |  | Print Name |  | Date |
|  |  |  |  |  |
|  |  |  |  |  |
| Grant Specialists Verification (*If applicable*) |  | Print Name |  | Date |
|  |  |  |  |  |

**NOTE: This form must be completed and received in Financial Services two working days prior to the event taking place.**