

## Food Services/Business Meal Approval Form

Policy UMB VIII- 99.00 (A) and Guidelines

<b>Requestor Name</b>		<b>Requestor Title</b>	
<b>School/Division</b>		<b>Department Name</b>	
<b>Date of Business Function</b>		<b>Place of Function</b>	
<b>8-Digit eUMB Project ID</b>		<b>Function start time</b>	<b>Function end time</b>
<b>Estimated Cost (w/tax &amp; tip)</b>		<b># People</b>	<b>Est. \$/Person</b>
<b>Type of meal(s)</b>	Breakfast	Lunch	Dinner Snack/Refreshment

Type of Function				
Business Meal	Meeting	Workshop/ Training	Other- Describe	
Business Purpose of Function				
<p><b>Event Title</b></p> <p><b>Business Reason</b></p> <p><b>Addition Info</b></p>				
Attendee Affiliation, Special Guest/Speaker, and Other Info				
<p>To verify business purpose, describe the audience affiliation. You will have to attach a final attendee listing on the Payment Request.</p> <p>List any speakers, presenters, consultants, or outside experts that are part of the delivery of a program, workshop, seminar, etc.</p> <p style="text-align: right; margin-top: 20px;">If you are using CulinArt, list the invoice number(s) if known</p>				

**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)**

Raymond Dudeck	Director, CLBS		
Name	Title	Signature	Date