

# McNEESE STATE UNIVERSITY

## SPECIAL MEALS REQUEST AND REIMBURSEMENT FORM REQUEST FOR PURCHASING DIRECTOR'S PRE-APPROVAL

Today's Date: \_\_\_\_\_  
Requestor name and title: \_\_\_\_\_  
Date Special Meal will be provided: \_\_\_\_\_  
Estimated cost of Special Meal: \_\_\_\_\_  
Estimate number of persons to receive Special Meal: \_\_\_\_\_

State of Louisiana Travel Regulations, PPM 49, contain provisions that recognize and regulate special meals. Special Meals should be extraordinary in nature and must be in the best interest of the State of Louisiana. Only meals classified and described below qualify. Please select one:

- 1. Visiting dignitaries or executive-level persons from other governmental units, and persons providing identified gratuity services to the State. This explicitly does not include normal visits, meetings, reviews, etc. by federal or local representatives.
- 2. Extraordinary situations when State employees are required by their supervisor to work more than a twelve-hour weekday or six-hour weekend (when such are not normal working hours to meeting crucial deadlines or to handle emergencies).
- 3. A department head may authorize a Special Meal within allowable rates listed under Meals-Tier 1, to be served in conjunction with a working meeting of department staff.

Description of Special Meal and an explanation of why the Special Meal is in the best interests of the State of Louisiana:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Requestor Signature / Date Department Head Signature / Date

APPROVED: \_\_\_\_\_  
Kimberly Godare, Purchasing Director / Date

## SPECIAL MEAL REQUEST FOR REIMBURSEMENT AND PURCHASING DIRECTOR REPORT INFORMATION

Actual cost of Special Meal for which reimbursement is claimed: \$ \_\_\_\_\_  
Actual number of meal recipients: \_\_\_\_\_

- Please check as appropriate and attach:
- Sign-in sheet of meal participants, including name and title
  - Supporting invoice or receipt

Purchase requisiton number: \_\_\_\_\_

I certify that I have personally incurred the cost of the above described meal in accordance with the Special Meal Policy and that this expense was for a public purpose in the best interest of the State of Louisiana.

\_\_\_\_\_  
Requestor Signature / Date Department Head Signature / Date