

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, §1506 contains provisions that recognize and regulate special meals. Special Meals should be extraordinary in nature, reasonable, and must be in the best interest of the University. Only meals classified and described below qualify. Please select one:

- ☐ 1. Meals for visiting dignitaries or executive-level persons from other governmental units, and persons providing identified gratuity services to the University. This explicitly does not include normal visits, meetings, reviews, etc. by federal or local representatives.
- ☐ 2. Meals for extraordinary situations in which State employees are required by their supervisor to work more than a twelve-hour weekday or six hours on a weekend (when such are not normal working hours to meeting crucial deadlines or to handle emergencies); and
- ☐ 3. Meals authorized by a department head within allowable rates per PPM49 to be served in conjunction with a working meeting or activity of department staff.

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

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 requisition 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 University.

Requestor Signature / Date

Department Head Signature / Date