

Food Services/Business Meal Approval Form

Requestor Name		Title		
School/Division		Department Name		
Date of Business Function		Place of Function		
Source of funds		Function start time	Function end time	
Total Cost (incl. tax & tip)		# People	\$/Person	
Type of meal(s)	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	<input type="checkbox"/> Snack/Refreshment

Type of Function				
<input type="checkbox"/> Business Meal	<input type="checkbox"/> Meeting	<input type="checkbox"/> Workshop/ Training	<input type="checkbox"/> Other- Describe	
Business Purpose of Function or check if meeting agenda is attached <input type="checkbox"/>				
Describe the attendees by name, title and affiliation or check if attendance sheet is attached <input type="checkbox"/>				

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)

Name	Title	Signature	Date