Requisition #_____ *Rev. 3/26*

Northwestern State University
REQUEST FOR MEALS

(All meals must receive prior approval from the Vice President and the Purchasing Department at least seven (7) days in advance to allow Business Affairs sufficient time for review and approval.)

Request Date: _____ ◯ Special Meals ◯ University Meals

Department: _____

Contact Name: _____ Phone: _____ Email: _____

Date of Event: _____ Event Location: _____

Event Purpose: _____

Justification for Expenditure: _____

Campus Catered Event: ◯ Yes ◯ No Caterer: _____

Type of Meal: ◯ Breakfast ◯ Lunch ◯ Dinner ◯ Refreshments

Estimated Price Per Participant*: _____ Estimated # of Participants: _____ Total Estimated Cost*:_____

**Payment for alcohol is prohibited using University funds.*

Index: _____ Account: _____

Names, Official Titles, and Affiliations of All Participants for Reimbursement of Meal Expenses *must* be attached to final submission on Special Meals Sign in Sheet.

_____ _____

Signature of Requestor Date Signature of Dean Date

_____ _____

Signature of Budget Unit Head Date Signature of VP/President Date

_____

Signature of Purchasing Date

Current Rates Effective October 1, 2025

Breakfast	$20.00
Lunch	$23.75
Dinner	$35.00
Refreshments	$ 5.50