## Northwestern State University REQUEST FOR SPECIAL MEALS

(All special meals for "individuals" must have prior approval from the Vice President in order to be reimbursed)
Request Date: $\qquad$

Department: $\qquad$
Contact Name: $\qquad$ Phone: $\qquad$ Email: $\qquad$

Date of Event: $\qquad$ Event Location: $\qquad$

Event Purpose: $\qquad$

Campus Catered Event: $\qquad$ Yes $\qquad$ No Caterer: $\qquad$

Names, Official Titles, and Affiliations of All Participants for Reimbursement of Meal Expenses:

| Name | Title | Affiliation |
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Total Cost*:

Index: $\qquad$ Account: $\qquad$

Name of Employee Assuming Responsibility
Position/Title

| Signature | Date |
| :--- | :---: |
| Signature of Budget Unit Head | Date |

