## Northwestern State University REQUEST FOR SPECIAL MEALS

| (All special meals j                     |                 | <b>DR SPECIAL MEAL</b><br><i>we prior approval from the Vice</i> | ${f S}$<br>President in order to be reimbursed)                                                          |
|------------------------------------------|-----------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Request Date:                            |                 |                                                                  |                                                                                                          |
| Department:                              |                 |                                                                  |                                                                                                          |
| Contact Name:                            |                 | Phone:                                                           | Email:                                                                                                   |
| Date of Event:                           | Event Location: |                                                                  |                                                                                                          |
| Event Purpose:                           |                 |                                                                  |                                                                                                          |
| Campus Catered Event: Yes                | _No Caterer:    |                                                                  |                                                                                                          |
| Names, Official Titles, and Affiliation  |                 | s for Reimbursement                                              |                                                                                                          |
| Name                                     | Title           |                                                                  | Affiliation                                                                                              |
|                                          |                 |                                                                  |                                                                                                          |
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|                                          |                 |                                                                  |                                                                                                          |
|                                          |                 |                                                                  |                                                                                                          |
|                                          |                 |                                                                  | Price Per Participant *:                                                                                 |
| Dinner                                   | Refreshments    | *.                                                               | Price not to exceed PPM49: Tier II +25%, and payment for<br>alcohol is prohibited using University funds |
|                                          |                 |                                                                  | Total Cost*:                                                                                             |
|                                          |                 | Ind                                                              | ex: Account:                                                                                             |
|                                          |                 |                                                                  |                                                                                                          |
| Name of Employee Assuming Responsibility |                 | Position/Title                                                   |                                                                                                          |
| Signature                                | Date            |                                                                  |                                                                                                          |
| Signature of Budget Unit Head            | Date            | VP/President Signature (If applicable)Date                       |                                                                                                          |