**Meals**

**Meal cost covered by participant fees**

**Meal cost covered by department funds – Must meet one of following**

**Meal time speaker scheduled**

**Select at least one applicable statement**

**Business being conducted during meal**

**Facilities not available near the meeting site**

**Dinner**

**Lunch**

**Breakfast**

**Agenda**

**Brochure**

**Attendee List**

**Catering Invoice**

**ATTACH:**

**Form last revised 10/23/17**

**Received by Payment Services\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Project ID**

**Department Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department To Be Billed**

**Fund**

**Account**

Authorizations

**CB**

**Budget Manager Approval**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

**Date**

**PM**

**AM**

**Select at least one applicable statement**

**Break Refreshments**

**Keeping attendees present promotes meeting continuity**

**Vending facilities not available within building or immediate area**

**Majority of meeting attendees are not UW / State employees**

Service Requested

**B**

**Open to campus**

**# UW / State Employees EmployeesOpen to campus**

\_\_\_\_\_

\_\_\_\_\_

**# Non-employees EmployeesOpen to campus**

**Total Attendees Non-employees EmployeesOpen to campus**

**+**

**=**

\_\_\_\_\_

**Reception**

**Gathering of individuals for a UWSP event that is not purely social or entertainment**

**Unlike a business meeting, a reception may not have an agenda of time frame**

**The purpose must promote the mission of the hosting department**

**Allowable when all conditions are met**



**FOOD EXPENSE APPROVAL & PAYMENT FORM**

Event Information

**Name, description of activity and business purpose**

**Activity type**

**Begins**

**Ends**

**Time**

**Time**

**A**

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

\_\_\_ AM / PM

\_\_\_ AM / PM

**On campus**

**Off campus**

**Location**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete all sections (A, B & C), attach all documents listed in Section C and forward to Payment Services: RM 041 C Old Main

**TO BE COMPLETED BY PAYMENT SERVICES**

**Forwarded to GL for Payment \_\_\_\_/\_\_\_\_\_/\_\_\_\_**