



Meal Approval Form: Policy 1020

Date of Meeting

Location

Supplier

Purpose of Meeting

Anticipated number of attendees

Employees #

Others #

Total Attendees #

Type(s) of meals being provided

Breakfast

Lunch

Dinner

GSA Rate: _____

Accounting Info: Fund ____ Dept ID _____ Program ____ Account ____

Project Costing: Fund Source ____ PC Bus Unit ____ Project ID ____

Activity ID ____ Source Type ____ Category ____ Sub Cat ____

Method of payment

Petty Cash

Direct Pay

P-Card: _____

Last 4 #s of card

Gratuities shall not exceed 20% unless otherwise authorized by the Elected Official or Department Director.

Total Cost \$

Price per person \$

COMMENTS:

I certify that the purpose of this meeting was approved County business.

Signature of Employee Certifying Request

Date

Signature of Elected Official/Department/Division Director or Designee

Approval for gratuity exceeding 20% Amount Approved _____

Approval for purchase of alcohol (*attach letter of explanation*)

Please keep the completed authorization form with your payment records, along with all related receipts and invoices.