



Date of Meeting

Location

Purpose of Meeting

Anticipated number of attendees # Employees # Others

Total Attendees #

Type(s) of meals being provided

Breakfast  Lunch  Dinner GSA Rate: \_\_\_\_\_

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

Estimated cost \$

Estimated price per person \$

Method of payment  Petty Cash  Direct Pay  P-Card: \_\_\_\_\_  
Last 4 #s of card

I, \_\_\_\_\_, certify that the purpose of this meeting was approved County business  
Print Name

Signature of Employee Certifying Request

Approval Date

Signature of Elected Official or Department/Division Director

|   |                     |
|---|---------------------|
| <b>ACTUAL MEAL COSTS</b>                                      |                     |
| <i>To be completed after payment has been made</i>            |                     |
| Total Cost \$   | Price per person \$ |
| Signature of Elected Official or Department/Division Director | Date                |
| Comments:   |                     |

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