

REIMBURSEMENT FOR SPECIAL MEALS

Date: _____

This form is accompanied by a: (check one)

- Purchase Requisition
 Check Request
 Travel Expense Reimbursement Form

Budget Unit Title: Special Meals Account Number: _____

Event/Purpose and Comments (Explain why the meal is in the best interest of the state/college):

MEETING ATTENDEES		
Name	Title or Affiliation	Amount of Meal per Person
Total Reimbursement Requested		\$

 Name of Employee Assuming Responsibility Position/Title Signature Date

 Signature of Chancellor Date

RECEIPT MUST BE ATTACHED FOR REIMBURSEMENT

MUST BE ATTACHED TO A COMPLETED PURCHASE REQUISITION, CHECK REQUEST OR TRAVEL REIMBURSEMENT FORM

Note: Special meals cost must be in accordance with state guidelines. Allowances for meal reimbursements according to the special meals regulations in the Louisiana Travel Guide will be followed unless specific approval is received from the Commissioner of Administration to exceed this reimbursement limitation.