Business Meal Pre-approval Form

This pre-approval form is required when planning business meals where the attendees will consist entirely of University affiliates (faculty, staff, and/or students).

Department Contact: Contact telephone:

Meal Date and Location: _____

Business Purpose: _____

Proposed Agenda and Session Times (Business meetings must last a minimum of two hours):

List of Attendees and Associated Department:

Attendee	**Associated Dept.**	**Attendee**	**Associated Dept.**

Total Attendees: Expected Cost Per Person:

Department Head Signature: _____ Date: _____

(If Department Head is in attendance, requires Dean approval)

Please remember you'll need an **itemized** and **paid** receipt for the reimbursement