

Food Services/Business Meal Approval Form

Policy UMB VIII- 99.00 (A) and Guidelines

Requestor Name		Requestor Title	
School/Division		Department Name	
Date of Business Function		Place of Function	
Source of Funds		Function start time	Function end time
Estimated Cost (w/tax & tip)		# People	Est. \$/Person
Type of meal(s)	Breakfast	Lunch	Dinner Snack/Refreshment

Does this event include alcoholic beverages?

Type of Function				
Business Meal	Meeting	Workshop/ Training	Other- Describe	

Business Purpose of Function

Event Title

Business Reason

Addition Info

Attendee Affiliation, Special Guest/Speaker, and Other Info

<p>To verify business purpose, describe the audience affiliation. You will have to attach a final attendee listing on the Payment Request.</p>	<p>List any speakers, presenters, consultants, or outside experts that are part of the delivery of a program, workshop, seminar, etc.</p>
<p>If you are using Chartwells, list the invoice number(s) if known</p>	

For P-Card or Campus Center charges only:

Department Head or designee: I certify this expense is in compliance with policy **UMB VIII- 99.00 (A)**

Name	Title	Signature	Date

Once completed, email to provost.finance@umaryland.edu