



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.