



WORKING MEAL APPROVAL FORM

CENTER INFORMATION	CONTACT INFORMATION
Center: _____ Date(s) of event: _____ Location: _____ Number of attendees: _____ Event Website: _____	SPONSOR POC: Name: _____ Phone: _____ Email: _____
REIMBURSEMENT IS REQUESTED FOR:	CONTACT INFORMATION
<input type="checkbox"/> LUNCH \$ _____ <input type="checkbox"/> DINNER \$ _____ <input type="checkbox"/> SNACK \$ _____ <input type="checkbox"/> BEVERAGES \$ _____ EXPECTED COST: \$ _____	ADMINISTRATIVE POC: Name: _____ Phone: _____ Email: _____
DESCRIPTION OF EVENT	
PURPOSE OF EVENT	
OTHER INFORMATION	APPROVAL FOR THIS EVENT
For reimbursement, attach the following documents in REQLESS: 1. All Receipts 2. Agenda of Event 3. Sign-In Sheet of all Attendees 4. Signed Working Meal Approval Form	Approval and Charge Number: Acct: _____ Approved: _____