

# Request for Approval of Special Meals Steps

1-4. Self explanatory

5 Function's Purpose- must meet one of the four special meal criteria outlined in PM-13, section X.A (1-4)

6 # of Invited guests- the number of people invited to the function must be provided

Type of meal provided-these are maximum allowances (per person) as outlined in PM-13, section X.B.1, Special Meals

- \* \$18- Breakfast
- \* \$25-Lunch
- \* \$45- Dinner
- \* \$25-Buffer Dinner Reception
- \* \$5.50- Refreshments (self-catered & catered)
- \* \$8- Receptions (beverages and finger food)

Notes: A list of attendees or sign in sheet including the name, title and affiliation to LSUHSC must be attached.  
Reimbursement of alcohol is prohibited.  
Tips must be reasonable and not to exceed 20%.

7 PeopleSoft chartstring -No 111 funding sources should be used.

## **References:**

Business meals and other function food and beverage expenses ("business meals") funded by University sources must be for the purpose of supporting the teaching, research or clinical service missions of the University. The nature of the activity and clear justification of the necessity and appropriateness must be clearly documented. All special meals must have prior written approval from the department, through the school, to the Campus Head or designee in order to be reimbursed.

LSU System policy is set forth in PM\_13, University Travel regulations  
<https://www.lsu.edu/administration/policies/pmfiles/pm-13.pdf>

LSU System policy is set forth in PM-25, University Funds for Entertainment  
<https://www.lsu.edu/administration/policies/pmfiles/pm-25.pdf>

### Request for Prior Approval of Special Meal

Breakfast	\$ 18.00	Dinner	\$ 45.00
Lunch	\$ 25.00	Refreshment	\$ 5.50
Buffet Dinner Reception	\$ 25.00	Reception	\$ 8.00

*\*amounts are maximum allowable*

Request Date:

**1** Department:

**2** Contact:

Phone:

Email:

**3** Date of Function:

**4** Function Location:

**5** Function's Purpose:

# of Invited Guests:

#### Type of Meal

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Breakfast               | <input type="checkbox"/> Dinner    | <input type="checkbox"/> Refreshments             |
| <input type="checkbox"/> Lunch                   | <input type="checkbox"/> Reception | <input type="checkbox"/> Agency Hosted Conference |
| <input type="checkbox"/> Buffet Reception-Dinner |                                    |   |

**6** Total Cost of Meal:

Per Person Cost:

**\*attach a list of attendees including names, titles, and affiliation to LSUHSC**

**7**

#### PS Chartstring

Department	Fund	Program	Class	Project
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Approvals	Signature	Title	Date
Requesting Department			
Dean, Director, Dept Head/Chair			

**Per PM13, Section X**

Reimbursement authorization requests must include the following:

- 1 Detailed breakdown of all expenses incurred, with appropriate receipts
- 2 Subtraction of cost of alcoholic beverages
- 3 Original prior written approval from Campus Head or designee
- 4 Original itemized receipts
- 5 Dine-in special meals (meals eaten at a restaurant) are **NOT** allowed on LaCarte

**\*\*\*\*\*COMPLETED FORM SHOULD BE PROCESSED 7 DAYS BEFORE THE EVENT\*\*\*\*\***



Department:

Event Date:

	Name	Title	Affiliation to LSUHSC
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Department:

Event Date:

	Name	Title	Affiliation to LSUHSC
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