



## SPECIAL MEALS REQUEST

*In accordance with PPM49, S1509*

The following **MUST** be submitted to the Secretary's Office **at least 15 business days prior to the event**:

- ☐ Special Meals Request Form (must include departmental approvals)
- ☐ Request for Expenditure Form (Means of Financing must be specified)
- ☐ Justification for the Estimated Number of Participants to Support Cost (invite list, RSVP list, historical data, etc.)
- ☐ Event Agenda
- ☐ Vendor Quote(s) (if cost is over \$1,000, **three** quotes are *required*)
- ☐ Vendor's LDH Permit to Operate (for catered events)

**Requestor's Name & Title:** \_\_\_\_\_

**Agency/Department/Section:** \_\_\_\_\_

**Event Type:** ☐ Working Meeting (*Secretary approval required*) ☐ Special Event (*Secretary and Commissioner approval required via memo*)

**Event Name:** \_\_\_\_\_

**Event Date(s):** \_\_\_\_\_ **Event Location:** \_\_\_\_\_ **Event Time:** \_\_\_\_\_

**Food Vendor/Caterer:** \_\_\_\_\_

**Explain the business need of this request and how it is in the best interest of the state to provide a meal for this event:** \_\_\_\_\_

**Meals Requested:** ☐ Breakfast (\$10/person) ☐ Lunch (\$14/person) ☐ Dinner (\$29/person) ☐ Refreshments (\$5.50 /person)

**Estimated Number of Participants Per Day:** \_\_\_\_\_ (justification for estimate must be attached)

**Estimated Cost per Person Per Day \$** \_\_\_\_\_ **Total Estimated Meal Cost Per Day \$** \_\_\_\_\_

*The cost per person cannot exceed the PPM49 Tier I meal allowances shown above. Reasonable delivery fee and tip may be allowed if ordered from an outside vendor (tip cannot exceed 20%). Alcoholic beverages are prohibited.*

**Payment Method:** ☐ Reimbursement (*itemized invoice & receipts required*) ☐ Vendor Payment (*after event; itemized invoice required*)

*For payment processing, the original completed and signed Sign-in Sheets and itemized invoice and/or receipts must be submitted to the LDH Travel office no later than 5 days after the event. (Sign-in sheet must include name, title/agency affiliation, and signature of all participants.)*

**Requestor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Requestor's Supervisor's Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

**Appointing Authority Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

☐ Approved ☐ Disapproved **LDH Secretary** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\* Note: Approval is based on business need and budget availability. If food is obtained/secured without prior approval of the Secretary and Commissioner, as required, the Requestor will be financially responsible for the special meals cost. \*\***