

## DSSAS MEALS/REFRESHMENT REQUEST FORM

\*\*\*DOES NOT MEET PPM49 "SPECIAL MEAL" DEFINITION\*\*\*

The following MUST be submitted to the LDH PCard Administrator at least 15 business days prior to the event: Requestor's Name & Title: Agency/Department/Section: \_\_\_\_\_ Event Type: Refreshments/Snacks for Meeting (Secretary approval required) Meals for Meeting (Secretary approval required) **Event Name:** Event Date(s): Event Location: \_\_\_\_\_ Event Time: \_\_\_\_ Food/Refreshment Vendor: 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: Meal Requested: Breakfast (PPM49 rate) Lunch (PPM49 rate) Dinner (PPM49 rate) Refreshments/Snacks Only (PPM49 rate) Estimated Number of Participants Per Day: \_\_\_\_\_\_ (justification for estimate <u>must</u> be attached) Estimated Cost per Person Per Day \$ \_\_\_\_\_ Total Estimated Meal Cost Per Day \$ \_\_\_\_\_ Alcoholic beverages are prohibited. **Payment Method:** Pcard Purchase Order Manual Check Travel Expense Please note the original completed and signed Sign-in Sheets and itemized invoice and/or receipts must be uploaded into BOA Works no later than five (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 Signature Date Agency Fiscal/Budget Officer Signature Date Agency Assistant Secretary/Director Signature\_\_\_\_\_\_ Date\_\_\_\_\_ Date received by DSSAS \_\_\_\_\_ Date DSSAS submitted to EMT \_\_\_\_\_ 

<sup>\*\*</sup> Approval is based on business need and budget availability. If meals/refreshments are obtained/secured without prior approval of the Secretary, or their designee, as required, the requestor will be financially responsible for the meal/refreshment cost. \*\*