



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. ****