



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 must 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 _____

Approved Disapproved LDH Secretary (or designee) _____ Date _____

**** 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. ****