



Central Louisiana Technical Community College

Authorization for Special Meals and/or Refreshments

Requested by: _____ Department: _____
Event: _____ Date: _____
Time: _____ Location: _____

Business Necessity for provision of Meal/Refreshments:

Check the following as appropriate:

- Advisory Committee meeting Visiting dignitary Other
Meal Refreshments

Explain business purpose of providing meal and/or refreshments:

Expected number of participants _____

(Attach list of invited guest with their title/organization noted)

Total estimated cost \$ _____

(Cost per person for meals cannot exceed \$9 for breakfast, \$13 for lunch, \$29 for dinner, including tax & tip; Cost per person for refreshments cannot exceed \$4.50 per morning or afternoon session)

Funding Information:

Department to be charged: _____ Fund: _____

Budget Department Head Approval: _____ Date: _____

Approved Denied

Chancellor or designee: _____ Date: _____