

Special Meals Policy and Procedure

Policy

In accordance with Section VII-C of the Louisiana Travel Guide: "A department head may authorize a special meal within allowable rates to be served in conjunction with a working meeting of the departmental staff" (department head in this phrase is the Chancellor, or the Chancellor's designees). This request must be fully completed and approved prior to each event. Meal cost will be reimbursed in accordance with Tier I, in state meal cost of Section VII-C of PPM 49, Louisiana Travel Guide.

There are three categories of foods-items for meetings (water, candy, snacks, etc.), snacks (donuts, chips, cake, cupcakes, etc.), and special meals. A Request for Approval of Special Meals is not required for items for meetings and snacks. These items are handled with a purchase requisition.

Procedure

- Submit a Request for Approval of Special Meals at least 2 weeks (10 business days) prior to the event. List of participants and a quote from the vendor must be submitted with the form.
- Submit an approved requisition to the Business Office at least 2 weeks (10 business days) prior to the event. The Approved Special Meal Request form must be submitted with the requisition.
- The requester is expected to coordinate the order, delivery and set-up of the meals with the Business Office.

After the event the following must be submitted to the Business Office:

- Completed sign-in sheet of meal participants (template provided). Name, Signature, Title and Affiliation are required.
- An original invoice from the vendor (Vendors will not receive deposits or prepayment before the event)



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Request for Approval of Special Meals

Date: _____

All special meals must be coded to account 7708

Requester: _____

Billable Department: _____

Event Name: _____

Event Date: _____

Event Time: _____

Location of Event: _____

Explain the purpose of this special meal and how it is a benefit to the college to provide.

Breakfast

Lunch

Dinner

Refreshments

Expected number of participants: _____

Food Vendor/Caterer: _____

Cost per person: _____

Total cost: _____

Additional Costs: _____

I have attached a quote for this meal including menu items.

I have attached a participant list.

I certify that the special meal provided is in accordance with the "Guidelines for Special Meal Reimbursement" and PPM 49, Louisiana Travel Guide.

Signature of Requester

Date

Approved:

Signature of Requester Supervisor

Date

Signature of Vice Chancellor of Finance and Administration

Date

Signature of Chancellor

Date

Additional notes:

- 1.) Guest list template provided. Please fill out all pertaining event and attendee information including attendee name, title/affiliation, and signature.
- 2.) Reimbursement for alcohol is prohibited.
- 3.) For current rates refer Tier I, in state meal cost of Section VII-C of PPM 49, Louisiana Travel Guide.

