

## Food Expense Approval Form

### Activity Dates and Information:

Begins \_\_\_\_\_ Time \_\_\_\_\_ Ends \_\_\_\_\_ Time \_\_\_\_\_

Activity Type

**WORKING MEETING ONLY:**

Initial here to confirm that participants were only available to meet during the indicated time. \_\_\_\_\_

[Click here for additional information on "Activity Types"](#)

Name, description of activity, and business purpose.

Open to Campus # of UW / State Employees  # of Non-Employees  Total # of Attendees   
*(Numbers will be approximate)*

Event Location:  On Campus  Off Campus Location: \_\_\_\_\_

### Type of Service or Event Requested: (select one or more)

Break Refreshments  Having the attendees leave would have an adverse effect on meeting continuity.  Business is being conducted during the event.

Check all applicable statements:  Facilities are not available within the building or immediate area.

The majority of the meeting attendees are not UW / State employees.

[Click here for additional information on 'Break Refreshments'](#)

Meals  Meal costs are covered by participant fees.  Meal costs are covered by department funds. This is only allowable for an activity that meets one of the following criteria:

Check at least one applicable statement:  A mealtime speaker is scheduled.

Business is being conducted during the meal.

Facilities are not available near the meeting site for attendees to eat at their own cost.

**Meal Type:**  Breakfast  Lunch  Dinner

[Click here for additional information on 'Meals'](#)

Reception  A gathering of individuals for a UW-L event that is NOT purely social or entertainment in nature.

Allowable when all of the following are met:  Unlike a business meeting, a reception may not have an agenda or time frame.

Like a business meeting, the purpose MUST be related to or promote the mission of the hosting department.

[Click here for additional information on 'Receptions'](#)

Contact Person(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Vendor: \_\_\_\_\_

UWL Account to be billed:      UWL Foundation  SFO Account Other: \_\_\_\_\_  
Fund (3) Prgm (1) Dept(6) Account (4)

**Approx. Cost:** \_\_\_\_\_

Meals for UW / state employees must not exceed the maximum allowed. [\(Click here for more information\)](#)

### Attached Documentation: (if available or required upon payment)

Agenda  Advertisement or Flyer  Brochure or Registration form  List of Participants

[Click here for additional information on the documentation is required](#)

Approval By: \_\_\_\_\_  
Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_  
Designated Signature Authority or WISDM Manager

Accounts Payable \_\_\_\_\_ Date \_\_\_\_\_