

Meal Authorization Form

Date of Meeting

Location

Purpose of Meeting

Anticipated number of attendees	#	Employees	#	Others
	Total Attendees #			
Breakfast	Lunch	Dinner	Snack	

Type(s) of meals being provided

Estimated Cost

Signature of Cardholder

Elected Official, Division or Department Director Signature

Approval Date

Please keep the completed authorization form with your purchasing card records, along with all related receipts and invoices.