



Request to Purchase Official Business Meals

Date of Function:

Name of Vendor or Payee:

Business Purpose:

Within State Rates: \$

(Business meal reimbursements above 50% over the applicable per diem guideline is not permitted.)

IN-STATE RATES PER PERSON	
Rates effective 1/17/06	
Breakfast	\$8.00
Lunch	\$12.00
Dinner	\$21.00

Justification for Exceeding State Rate:

Please attach the agenda and a list of attendees

Supervisor's Approval

Date

President or Designee

Date

Business meals must be approved in advance by the President or his designee and cannot exceed the 50% per diem. Meals must be considered essential to the Agency's mission, a business necessity and involve substantive and bona fide business discussions. ***Rates should not exceed the amount shown for the applicable meal in the M&IE rate table above.*** If the meal exceeds the rate, you will need to provide sufficient justification.

A COPY OF THIS APPROVED FORM MUST BE ATTACHED TO THE REQUEST FOR PAYMENT OR REIMBURSEMENT AND FORWARDED TO THE BUSINESS OFFICE WITH THE ORIGINAL ITEMIZED RECEIPT.