



University of Washington Bothell

Food and Beverage Internal Approval

PLEASE OBTAIN PRIOR APPROVAL FROM BUDGET AND PLANNING

Today's Date: _____

EVENT DESCRIPTION

Please describe the meeting, training or recognition event proposed and any pertinent information to help explain how it meets the regulations of the UW meals and light refreshment policy: <http://f2.washington.edu/fm/food-approval>
This section is mandatory, if not filled out properly it could delay the process:

INFORMATION

Attendee List: _____

Event Location: _____

If grant funded, do you have approval to charge food to this budget? _____

If grant funded, is technical information specific to the group's sponsored project going to be distributed at this meeting? _____

APPROVALS

Department Director/Head (Please Print Name)

Signature

Date

Grant Budget Approver (Please Print Name)

Signature

Date



UNIVERSITY OF WASHINGTON
**FOOD AND BEVERAGES FOR MEETING, TRAINING SESSIONS AND RECOGNITION
 AWARDS CEREMONIES**
 FINANCIAL SERVICES

Complete this form and obtain approval before meals or light refreshments are to be served at University meeting, formal training session or formal recognition event. Please use object code on payment documents. This form should be completed and approved prior to the event. For additional guidance, please refer to the Policy for the Purchase of Meals and/or Light Refreshments issued by the Executive Vice President on May 1, 2000.

Event Date	Event Title
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Purpose of Event

Meeting (Official UW Business will be conducted; meals/light refreshment are integral to the event.)

Training (Official UW Business will be conducted; meals/light refreshments are integral to the event.)

Recognition (Light refreshments are integral to recognition of UW employees/students.)

Sponsoring Department	Budget Number
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Department Contact Name	Contact's Phone Number ()
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Total Number of Invitees _____
 (Maintain a list of attendees or invitees in department)

CHECK LIST

Meals will be served.*

Breakfast

Lunch *The cost per meal may not exceed the applicable per diem, including tax and gratuity, for the

Dinner location in which the meal is served.

Light refreshment will be served.
 Estimated cost of refreshment \$ _____

Event will be recurring. **

Name of Meeting/Training Coordinator. PLEASE PRINT	Signature of Coordinator	Date
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** Approved form may be copied for future recurring events.

APPROVAL

Name of Approving Official. PLEASE PRINT	Signature of Approving Official	Date
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