

LOUISIANA STATE UNIVERSITY EUNICE

REQUEST FOR APPROVAL OF SPECIAL MEAL (Rev. 1-2011)

1	Host Individual or Group		
2	Host's Department		
3	Contact	Phone	E-mail
4	Date of Function	Time of Function	
5	Function Location		
6	Campus Catered Event <input type="checkbox"/> Yes <input type="checkbox"/> No	Caterer <input type="checkbox"/> ABL <input type="checkbox"/> Other _____ (Caterer name must be provided)	
7	# of Guests Invited	Type of Meal <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Buffet Reception-Dinner <input type="checkbox"/> Reception <input type="checkbox"/> Refreshments <i>For a sit down meal, attach a guest List including name, organization & affiliation with LSUE.</i>	
8	What is the Menu?		
<i>Estimated Cost</i>			
9	Per Person*	# Guests	# Days
Total Cost			
<i>*For meals that exceed the state allowance, the overage amount should be paid with private or Foundation funds. Please indicate how the overage will be paid: <input type="checkbox"/> Personal Check or <input type="checkbox"/> Foundation Acct # _____</i>			
10	Account #	Object Code	
11	Function's Purpose/Benefit to LSUE		

APPROVALS	Signature	Date
Requesting Department		
Appropriate Vice Chancellor		
Vice Chancellor for Business Affairs		