

REQUEST FOR SPECIAL MEAL APPROVAL

LSUS AS499

Please follow the attached instructions when completing this document.
 This form must be completed prior to the event.

1	REQUEST DATE		2	DEPARTMENT		
3	NAME OF HOST					
4	PHONE		EMAIL			
5	DATE OF EVENT		TIME OF EVENT			
6	EVENT LOCATION					
7	PURPOSE OF EVENT & BENEFIT TO LSUS					
8	CATERED EVENT	YES NO	CATERER	THE PORT OTHER: _____		
9	TYPE OF MEAL	BREAKFAST BUFFET RECEPTION - DINNER	LUNCH RECEPTION	DINNER REFRESHMENTS		
10	COST PER PERSON		X NO. OF GUESTS		= ESTIMATED COST	
11	WORKDAY ACCOUNT NUMBER AND NAME					
12	GUEST NAME		ORGANIZATION		AFILLIATION WITH LSUS	
13	AUTHORIZATIONS	NAME		SIGNATURE		DATE
	EVENT HOST					
	COST CENTER MANAGER					

REQUEST FOR SPECIAL MEAL APPROVAL LSUS AS499 INSTRUCTIONS

The AS499 form should be completed and approved by the department **prior** to the event.

- For reimbursements, please attach the completed AS499 form to the Workday Expense Report.
- For catering by The Port, please attach the completed AS499 form to the catering invoice.
- For outside vendor catering, please attach the completed AS499 form to the Workday Requisition.

1. **Request Date** – Self-explanatory.
2. **Department** – Self-explanatory.
3. **Name of Host** – Enter the name of **employee** who will be acting as host of this event.
4. **Phone/Email** – Enter the phone number and email address of the event host.
5. **Date of Event/Time of Event** – Self-explanatory.
6. **Event Location** – If the event will take place on campus, include the building and room number.
7. **Event Purpose/Benefit to LSUS** – The event must meet one of the four special meal criteria, referenced in PM-13. If a flyer, program, or agenda is available, please attach it to the request.
8. **Catered Event** – If the event is being catered by someone other than The Port, you must enter the caterer’s name.
9. **Type of Meal** – Meals paid for with University funds must adhere to the maximum allowances. If the meal exceeds the state allowance, the overage must be paid with private or Foundation funds.

TYPE OF MEAL	MAXIMUM ALLOWED
Breakfast	\$15 per person
Lunch	\$20 per person
Dinner	\$35 per person
Buffet Dinner Reception	\$20 per person
Receptions (beverages & finger foods)	\$7 per person
Refreshments (limited to beverages & snacks per morning & afternoon session)	\$4.50 per person

10. **Estimated Cost** – Calculate the total estimated cost of the meal.
11. **Workday Account Name and Number** – Enter the Workday Program, Gift, Grant, or Project that will fund the meal. This form should be used only for events paid from University funds. If the event is to be paid with Foundation, Alumni, or Agency funds, this form is not required.
12. **Guest List** – A detailed guest list is required for all dine-in meals. If you need more space than is provided on the form, please attach the list on a separate sheet of paper. Include each guest’s title and affiliation with LSUS.
 - **For University guests, only one special meal can be reimbursed at the special meal allowance.** If multiple meals must be provided for a guest, the subsequent meals will be reimbursed at the per diem rate for the guest only and there is no reimbursement provision for employees attending the subsequent meal, including the host employee.
 - Employee guests should be kept to a minimum and should only be included to the extent that their official capacity would indicate their presence as desirable.
 - Expenses for spouses and children of employees may not be paid from University funds.
13. **Authorizations** – The Event Host and the Cost Center Manager that has fiscal authority for the event should sign the form.

Reminders:

- Reimbursement for alcohol with University funds is **prohibited**.
- The host must obtain **itemized** receipts for any food or meals purchased including those purchased at dine-in restaurants.