

# Food Expense Approval and Payment Form

- ⇒ Complete all sections (A, B & C)
- ⇒ Attach all documents listed in section C
- ⇒ Forward\* to Payment Services: RM 041c Old Main  
\*(except when paid via P-Card. See Section C)



University of Wisconsin  
Stevens Point

## A | Event Information

Activity Type:	Begin Time ____/____/____ AM PM
	End Time ____/____/____ AM PM
Name, Description of Activity and Business Purpose:	
Food Source: On Point Catering Other: _____	
On Campus Off Campus** Open to Campus	Location:

\*\*If off campus site incurred expense, pre-approval received from Controller or Purchasing Manager

## B | Service Requested

# UW/State Employees _____ + # Non-employees _____ = Total # _____	
<i>Guaranteed attendees required 5 business days prior to event for On-Point Catering; department will be billed for the higher of guaranteed attendees or actual count.</i>	
<b>Break Refreshments</b> <i>Select at least one applicable statement.</i>  <b>AM      PM</b>	Keeping attendees present promotes meeting continuity
	Vending facilities not available within building or immediate area
	Majority of meeting attendees are not UW/State employees
<b>Meals</b> <i>Select at least one applicable statement.</i>  <b>Breakfast \$12</b> <b>Lunch \$18</b> <b>Dinner \$30</b>	Meal cost covered by participant fees
	Meal cost covered by department funds <i>(must meet one of the following)</i> Mealtime speaker scheduled Business begin conducted during meal Facilities not available near the meeting site
<b>Reception</b> <i>Allowable when <u>all</u> conditions are met.</i>	⇒ Gathering of individuals for a UWSP event that is not purely social or entertainment. Unlike a business meeting, a reception may not have an agenda of time frame.
	⇒ If primary attendants are UW employees, hosted at UW Facility.
	⇒ The purpose must promote the mission of the hosting department

## C | Authorization

Contact Person:	Contact Phone:
Budget Manager Approval:	Date ____/____/____
Director/Head of Dept Approval:	Date ____/____/____
<b>Department Billing Information</b>	
Name:	<b>Fund      Department ID      Project ID</b>
Please Attach <b>ALL</b> Documents	Agenda    Brochure    Attendee List    Invoice    Vouchers

TO BE COMPLETED BY PAYMENT SERVICES:

Received by Payment Services \_\_\_\_/\_\_\_\_/\_\_\_\_

Forwarded to GL for Payment \_\_\_\_/\_\_\_\_/\_\_\_\_