Business Meal Approval Request
Virginia Community College System
Non-Travel Meals

Department Information

Agency: _____

Department Name: _____

Source of Funds (AIS Department Number): _____

Requested by: _____

Date: _____

Event Information

Scheduled Meeting Date: _____

Scheduled Meeting Time: From _____ to _____

Number of Participants: _____ (Attach List of Attendees and Affiliation)

Type of Meal (Check one): ☐ Lunch ☐ Dinner Other (Describe): _____

Purpose/Business Reason for Meal: _____

Meal is Within State Per Diem Rate: ☐ Meal Exceeds State Per Diem Rate: ☐

If meal exceeds the State per diem rate, please explain why. _____

Approvals

_____ _____
Signature of Department Approver for Source of Funds Date

_____ _____
Agency Head/Designee Date

A COPY OF THIS FORM MUST BE ATTACHED TO A PROCUREMENT REQUEST