This form is to be used for food requests and purchases not being paid with Foundation funds. **Meal Req. #:** Optional

**1.) Event Date(s) & Time(s):** Begins: Click here to enter date(s). Time: Type time(s).

Ends: Click here to enter date(s). Time: Type time(s)

**2.) Description of Event:** Attach agenda. The agenda should include title and reflect break or meals times. A flyer or brochure for special activities, conferences or training can be substituted for an agenda.

**3.) Attendees:** (approx. #) WI/State Employees Non-Employees UW Students

Check if Open to Campus

**4.) Event Location:**

\*An approved vendor should be used. Aladdin is our contracted on-campus caterer. Other approved vendors can be used for meals < $200. A waiver must be requested if total cost is >$200. For waiver request e-mail Brian Warzynski: [warzynskib@uwosh.edu](mailto:warzynskib@uwosh.edu)

On Campus\* Off Campus

**5.) Activity Type:** (Select Student or Staff/Non-student)

**Students** (majority of attendees are students):



**Staff or Non-Students:** (UW Guidelines require the event meet additional criteria below to use university funds)



**6.) Type of Services Requested:** (Select one or more)

**Break Refreshments.** Limit: $10.00/person/break – 1 morning and 1 afternoon break is allowed.

Choose an item below ONLY if **staff or non-student** activity - 1 statement must be true in the drop down.

Choose an item.

**Meal(s):  Breakfast** ($12.00), **Lunch** ($18.00), **Dinner** ($30.00) **(**Limits/person)

Choose an item below ONLY if **staff or non-student** activity - 1 statement must be true in the drop down.

Choose an item.

**Reception.** – Receptions may not be purely social in nature and 102 funds may not be used.

(920) 424 -

**7.) Contact:**  Phone:

Choose an item.

Department: Vendor1:

Acct. to be billed:

Fund Department Program Other1 (Specify):

$

**8.) Signature of approving official or club advisor:**  Approximate Cost:

***I agree that these food purchases are justified according to UW System guidelines.***

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name Date:

**9.) Submit via email w/ attachments to:** [**mealreq@uwosh.edu**](mailto:mealreq@uwosh.edu) **OR** Send 1 copy of form & attachments to Dempsey 236.

**Don’t Forget the Attachments:** The following must be submitted with this form.

1. Agenda (or brochure/registration form for conference or training)
2. List of Participants (differentiate between UW/state employees, non-employees, and students)

1 If paying with personal funds, a DPR is also needed for reimbursement. See FAQ document for more info.