



Date Received by VCFA: _____

Received by: _____

SPECIAL MEALS REQUEST

In accordance with PPM 49, S1509

The following documents **MUST** be submitted to the Assistant to the Vice Chancellor for Finance and Administration **at least 10 business days prior to the event** (check box to indicate items are attached):

- Completed Special Meals Request Form (must include Dept. Head approvals)
- Completed and Approved Paper Requisition (with budget codes; Banner requisition must be completed if request is approved)
- Vendor Quote(s) (if cost is over \$1,000, **three** quotes are *required*)
- Vendor's Permit to Operate from the Department of Health and Hospitals
- Special Meals Sign-in Sheet that will be used for the event (**must** use template on college's website)
- Justification for the Expected Number of Participants (data from prior events, RSVPs, advertising specs, etc.)

Requestor: _____ **Department:** _____

Event Name: _____

Event Date: _____ **Event Location:** _____ **Event Time:** _____

Food Vendor/Caterer: _____

Department/Program Funding Event: _____

Explain how Providing a Meal at this Event is in the Best Interest of the College: _____

Meals Requested: Breakfast (\$9/person) Lunch (\$13/person) Dinner (\$29/person) Refreshments (\$4.50/person)

Expected Number of Event Participants: _____ (justification for this estimate must be attached)

Total Estimated Cost per Person (per rates above) \$ _____ **Total Estimated Cost of Meal** \$ _____

The meal cost per person cannot exceed the PPM49 Tier I meal rates shown above, which includes delivery fees and tips (cost must exclude taxes). Alcoholic beverages are prohibited.

Special Meals Sign-in Sheet: The original completed and signed Special Meals Sign-in Sheet and vendor invoice must be submitted to Accounts Payable no later than **5 days after the event for vendor payment processing (a copy of these documents must also be emailed to AccountsPayable@mybrcc.edu).**

*** If food is obtained without the required VCFA approval and an approved PO prior to the event, the Requestor will be responsible for the special meals cost. ***

Requestor _____ **Date** _____

Dept. Head Approval _____ **Date** _____

Dept. Head's Supervisor's Approval _____ **Date** _____

Approved Disapproved **VC for Finance & Admin.** _____ **Date** _____

The Assistant to the VC for Finance & Administration will notify the Requester once a decision is made.