

UoW 1798 (5/00)

## UNIVERSITY OF WASHINGTON

## FOOD AND BEVERAGES FOR MEETING, TRAINING SESSIONS AND RECOGNITION AWARDS CEREMONIES

FINANCIAL SERVICES

Complete this form and obtain approval before meals or light refreshments are to be served at a university meeting, formal training session, or formal recognition event. Please use object code 03-75 on payment documents. This form should be completed and approved prior to the event. For additional guidance, please refer to the Policy for the Purchase of Meals and/or Light Refreshments issued by the Executive Vice President on May 1, 2000.

| refer to the Polic<br>on May 1, 2000.                                    | cy for the I   | Purchase o    | f Meals and/or Light Refro                    | eshments issued by | y the Executive Vi | ce President                       |  |
|--|----------------|---------------|---|--------------------|--------------------|------------------------------------|--|
| Event Date   |                |               | Event Title                                   |                    |                    |                                    |  |
| mo.  | dy.            | yr.           |   |                    |                    |                                    |  |
| Sponsoring Department  |                |               |   |                    | Budget Number      |                                    |  |
| Department Contact Name  |                | Cc            | Contact's Phone Number                        |                    |                    |                                    |  |
|  |                |               |   | (                  | ( )                |                                    |  |
| Total Number of Attende  | ees            |               | (Maintain a list                              | t of attendees or  | invitees in depa   | artment.)                          |  |
| Attendee Names:  |                |               |   |                    |                    |                                    |  |
|  |                |               |   |                    |                    |                                    |  |
| CHECKLICE  |                |               |   |                    |                    |                                    |  |
| CHECK LIST   |                |               |   |                    |                    |                                    |  |
| ☐ Meals will be serve  | ed.*           | *I Indor      | Scattle's per diam @ 4                        | c /nn              |                    | *Seattle per diem                  |  |
| Breakfast  |                | Onder         | Seattle's per diem @ \$ (for office use only) | 5/pp               |                    | amounts:<br>- Breakfast: \$19      |  |
| Lunch  | *The           | cost per      | meal may not exceed t                         |                    |                    | - breakiast. \$19<br>- Lunch: \$22 |  |
| Dinner   |                | =             | gratuity, for the location                    |                    |                    | - Dinner: \$38                     |  |
| TOTAL:   |                |               |   |                    |                    |                                    |  |
| Additional comments:   |                |               |   |                    |                    |                                    |  |
|  |                |               |   |                    |                    |                                    |  |
|  |                |               |   |                    |                    |                                    |  |
|  |                |               |   |                    |                    |                                    |  |
| CICNATIDEC   |                |               |   |                    |                    |                                    |  |
| SIGNATURES   |                |               |   |                    |                    |                                    |  |
| Name of Meeting/Training Coordi  | nator. PLEAS   | SE PRINT.     | Signature of Coo                              | ordinator          |                    | Date                               |  |
|  |                |               |   |                    |                    |                                    |  |
| Name of P.I. PLEASE PRINT  |                |               | Signature of P.I.                             |                    |                    | Date                               |  |
| Number 1. 1. I EE/IOE I MIN  |                |               | Oignature of Fin.                             |                    |                    | Buto                               |  |
|  |                |               |   |                    |                    |                                    |  |
| ** Approved form may be copied f   | or future recu | urring events |   |                    |                    |                                    |  |
| OFFICE USE ONLY  |                |               |   |                    |                    |                                    |  |
| Name of Approving Official. PLEASE PRINT Signature of Approving Official |                |               |   |                    |                    | Date                               |  |