



LOWER COLUMBIA COLLEGE

REQUEST FOR APPROVAL COFFEE AND LIGHT REFRESHMENTS OR MEALS WITH MEETINGS

1. TYPE OF ACTIVITY TO BE HELD:	
<input type="checkbox"/> MEETING	<input type="checkbox"/> FORMAL TRAINING SESSION
<input type="checkbox"/> OTHER (please explain)	<input type="checkbox"/> BOARD, COUNCIL, COMMISSION MEETING
2. DATE(S) AND TIME(S) OF THE ACTIVITY:	
3. PURPOSE, OBJECTIVE AND/OR ACCOMPLISHMENTS OF THE ACTIVITY IN SUPPORT OF STATE BUSINESS: (Give complete description below and/or attach an agenda as part of supporting documentation):	
4. NAME & TITLE OF STATE EMPLOYEE RESPONSIBLE FOR THE ACTIVITY:	
NAME: <input style="width: 300px;" type="text"/>	TITLE: <input style="width: 300px;" type="text"/>
5. ARE COFFEE AND LIGHT REFRESHMENTS <u>OR</u> MEALS BEING SERVED WHILE COLLEGE BUSINESS IS BEING CONDUCTED? YES <input type="checkbox"/> NO <input type="checkbox"/> REVERSE SIDE MAY BE USED FOR LIST OF ATTENDEES	
VENDOR: <input type="checkbox"/> LCC FOOD SERVICES <input type="checkbox"/> OUTSIDE VENDOR – SEE BELOW	
IF OUTSIDE VENDOR IS BEING USED, PLEASE COMPLETE A PURCHASE REQUISITION OR CREDIT CARD PRIOR APPROVAL TO PROCESS VENDOR PAYMENT.	
VENDOR NAME: _____	
6. REIMBURSEMENT/PAYMENT IS FOR: (Check all that are applicable)	
<input type="checkbox"/> COFFEE	<input type="checkbox"/> LIGHT REFRESHMENTS
<input type="checkbox"/> MEALS	
DEPT BUDGET NUMBER TO BE CHARGED: <input style="width: 300px;" type="text"/>	
IMPORTANT: College must be provided detailed receipts for actual costs of coffee and light refreshments <u>OR</u> meals. Meal costs are limited to per meal allowance set by OFM regulations http://www.ofm.wa.gov/resources/travel.asp Costs in excess of the allowance or purchases made without <u>PRIOR</u> approval are the responsibility of the employee.	
7. REQUESTOR SIGNATURE:	DATE:
8. AUTHORIZED APPROVAL SIGNATURE:	DATE:

Submit Approved Form to the Finance Office

