

REQUEST FOR APPROVAL OF SPECIAL MEAL

AS499

Diaso follow the AS100	instructions when completing this document.	
FIEDSE IUIIUW LITE AS499		

Request Date

	1	Host Individual/GroDipno	er*						
	-	reshments							
includi <mark>ng</mark>	name, d	organization & affiliation v	vith LSU is require	e d .			1		
Estimated	Cost				•				
	# Day	s lota	Cost						
rage a mo	unt sho	uld be paid with private or	Foundation func	ds.					
Personal C	Check	Foundation Acct #							
		Add'l Worktags		1					
ed program	ns are a	llowable expenses on the s	sponsored progra	am.					
departmer	ntal app	roval.	ponsored progra						

Guest List *If guest is in travel status, Spend Authorization/ECM or AS516 form should be attached.

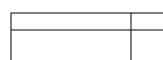
Guest	Organization	Affiliation with LSU

1) Reimbursement for alcohol on University funds is prohibited. Note:

2) The use of the LaCarte card to purchase alcohol is prohibited.

Approvals	Signature	Title	Date
Requesting Dept			
Dean/Director or Dept Head/Chair			

AS499, "Request for Approval of Special Meal" Instructions



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