



REQUEST FOR APPROVAL OF SPECIAL MEAL

AS499

Please follow the AS499 instructions when completing this document.

Request Date _____

1	Host Individual/Gro Dinner*						
	Refreshments						
	<i>et including name, organization & affiliation with LSU is required.</i>						
<i>Estimated Cost</i>							
	# Days	Total Cost					
	Average amount should be paid with private or Foundation funds.						
Personal Check	Foundation Acct #	_____					_____
	Add'l Worktags						
	<i>red programs are allowable expenses on the sponsored program g departmental approval.</i>						

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

Guest	Organization	Affiliation with LSU

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