

**PRE-APPROVAL FORM
FOR SERVING MEALS AND REFRESHMENTS**

THIS FORM MUST BE COMPLETED AND SIGNED PRIOR TO EVENT

Name of Event _____

Purpose _____

Date & Time of Event _____ Place of Event _____

Index _____ Approx Number Attending _____

Contact Person Name & Phone _____

REFERENCE THE WOU PURCHASING POLICY FOR MORE DETAILED GUIDELINES

MARK THE APPROPRIATE AREA BELOW:

Non-Employee Groups and Guests

Expenditures for luncheons, meals, snacks, and/or beverages for hosting non-employee groups/guests. When hosting an individual guest, a guest meal plus two employees' meal may be paid or reimbursed up to the current instate per diem rate. Employee recruitment meal(s) are included in this.

Meals Served at Meetings

Event is a planned meeting called for a specific purpose and has a formal written agenda. The meeting involves more than one department. The meeting is two hours or more in duration and starts more than one hour before or ends more than one hour after the meal time.

Refreshments Served at Meetings

Event is a planned meeting with a specific purpose and agenda. For purposes of this section, a meeting is defined as an assembly of persons to discuss business, relate information, instruct employees, or similar purposes. The meeting will last for two or more hours. There are no convenient refreshment facilities available, or using such facilities would excessively disrupt the meeting. Serving of beverages ONLY does not require the completion of this form.

AN APPROVED COPY OF THIS FORM MUST ACCOMPANY PAYMENT DOCUMENTATION.

BY MY SIGNATURE BELOW, I CERTIFY THAT THIS EVENT MEETS THE WOU PURCHASING POLICY GUIDELINES; I APPROVE THE SERVICE OF MEALS OR REFRESHMENTS; I UNDERSTAND I MAY BE HELD PERSONALLY LIABLE FOR REPAYMENT OF FUNDS; AND I WILL KEEP A SEPARATE AUDIT FILE FOR THIS FORM AND RELATED SUPPORTING DOCUMENTS WITH ESTIMATED COSTS.

Signature of Authorized Institutional Executive

Date

AUTHORIZED INSTITUTIONAL EXECUTIVES: President, Provost, Executive Vice President for Finance and Administration, Vice President for Student Affairs, Vice President for University Advancement

Revised: May 6, 2009

PERSONAL FUNDS REIMBURSEMENT FORM

TO: WOU Business Office

Date:

FROM:

Please
reimburse:
Address:

V#:

City

State

Zip

PURPOSE OF
EXPENDITURE:

CHARGE TO THE FOLLOWING FOAPAL(S):

<u>Index #</u>	<u>Account #</u>	<u>Activity #</u>	<u>Amount</u>
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Index number(s), account number(s), and amount(s) are **REQUIRED** for each type of expense.

1. List activity code if needed.
2. Original receipts **MUST** be attached.
3. Form must have one signature other than person to be reimbursed.

Signature of person to be reimbursed

Department Head (Other than requestor)