

**MEAL AND/OR SNACK AUTHORIZATION FORM**  
**See Procedure 6701 for details**  
**(Must be completed and approved prior to the date of the event)**

1. Event: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_  
3. Describe the event and attach agenda:

4. Start time: \_\_\_\_\_ 5. Estimate end time: \_\_\_\_\_

6. Staff Attendees – (Attach a separate sheet if needed. Note any community groups):


7. Snacks and/ or meals requested for purchase: **NOTE: No Breakfasts** shall be purchased with District funds unless community is involved, required by grant funding, or approved by the superintendent.

8. Estimated cost (should be comparable to Catering's meals/snacks costs): \_\_\_\_\_

9. Vendor(s):

10. Why are meals provided? (Check all that apply)

- \_\_\_ a. Duration of meeting is four or more hours and providing meals contributes to the efficiency of the meeting and the meeting is not a regularly scheduled meeting that occurs more often than quarterly  
\_\_\_ b. The community is involved  
\_\_\_ c. Other, please describe:

11. Why is it necessary to use public funds to provide meals/snacks for the event? Why is the event scheduled during the normal period employees are expected to pay for their own meals/snacks?

I certify that the above request for approval for meals/snacks complies with Procedure 6701.

12. Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

13. Account to be charged: \_\_\_\_\_

14. Principal or Director: \_\_\_\_\_ Date: \_\_\_\_\_

15. Attach original authorization and receipts and/or invoices to Direct Pay Request or attach original authorization to procurement card receipts and/or invoices. Retain copy for two years or until the completion of audit by the State Auditor's Office. Payment may be denied if the meals/snacks purchase does not comply with Procedure 6701.