

# VOLUNTEER STATE COMMUNITY COLLEGE

## Meal/Entertainment Authorization Form

(To be submitted in addition to Check Request Form)

Payee Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

Address: \_\_\_\_\_ Event Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payee Phone #: \_\_\_\_\_ Payee Email: \_\_\_\_\_

**Business Event Description:** (Provide a clear, detailed explanation for the purpose of the meal/event.)

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Meal Type:    \_\_\_ Breakfast            \_\_\_ Lunch            \_\_\_ Dinner            \_\_\_ Other

Amount: \$ \_\_\_\_\_ Total in Group: \_\_\_\_\_

**Provide Participation List:** (Specify if guest or college personnel. Add separate sheet if necessary.)

**Staff:**


**Guests:**


**Account Code Information**

**FOAP**            **Fund** \_\_\_\_\_    **Organization** \_\_\_\_\_    **Account** \_\_\_\_\_    **Program** \_\_\_\_\_

or

**Index**            **Index** \_\_\_\_\_    **Account** \_\_\_\_\_

*\*This expenditure is approved in accordance with VSCC Policy IV:02:03*

**Approval:**

Claimant: \_\_\_\_\_

Chairperson/Dean/Dept. Head: \_\_\_\_\_

Vice President/President: \_\_\_\_\_