



**Business Meal Approval Request  
Virginia Community College System  
Non-Travel Meals**

**Department Information**

Agency: \_\_\_\_\_

Department Name: \_\_\_\_\_

Source of Funds (AIS Department Number): \_\_\_\_\_

Requested by: \_\_\_\_\_

Date: \_\_\_\_\_

**Event Information**

Scheduled Meeting Date: \_\_\_\_\_

Scheduled Meeting Time: From \_\_\_\_\_ to \_\_\_\_\_

Number of Participants: \_\_\_\_\_ (Attach List of Attendees and Affiliation)

Type of Meal (Check one):       Lunch       Dinner      Other (Describe): \_\_\_\_\_

Purpose/Business Reason for Meal: \_\_\_\_\_

Meal is Within State Per Diem Rate:       Meal Exceeds State Per Diem Rate:

If meal exceeds the State per diem rate, please explain why. \_\_\_\_\_

**Approvals**

\_\_\_\_\_  
Signature of Department Approver for Source of Funds

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Head/Designee

\_\_\_\_\_  
Date

**A COPY OF THIS FORM MUST BE ATTACHED TO A PROCUREMENT REQUEST**