



LOUISIANA DELTA
COMMUNITY COLLEGE

Special Meals Request

Date: _____

Event purpose and comments (Explain why the meal is in the best interest of the state/college):

Expected Number of Attendees: _____

Amount of Special Meals Request: _____

Name and Title of Employee Assuming Responsibility

Signature

Date

Signature of Chancellor or Designee

Date

APPROVED FORM MUST BE ATTACHED TO ANY CHECK REQUESTS RELATED TO SPECIAL MEAL

Note: Special meals costs must be in accordance with state guidelines. Allowances for meal reimbursements according to the special meals regulations in the Louisiana Travel Guide PPM 49 will be followed unless specific approval is received from the Commissioner of Administration to exceed this reimbursement limitation.