



THE EVERGREEN STATE COLLEGE

MEALS & LIGHT REFRESHMENT AUTHORIZATION REQUEST

Complete this form whenever meals or light refreshments are served at meetings or formal College sponsored training sessions. Attach a copy of the agenda, brochure or registration form if available.

| | | | |
|---|------------------------------|---------------------------------|--|
| Name of Event | | Purpose of Event | |
| Event Date | Event Begin & End Time | Event Location | |
| Sponsoring Dept. & Org to charge | Dept. Contact Name & Phone # | Estimated Cost including Travel | |
| Persons/Groups to Attend | | | |
| Justification for serving meals, or coffee and light refreshments | | | |

Check if the event is to be held in a State of Washington facility. If not, provide an explanation below why state owned barrier free facilities cannot be used, and verify with Accounts Payable at ext. 6350 that the non-stat facility is ADA compliant.

| | | |
|-----------|-----------|------|
| Requester | Signature | Date |
|-----------|-----------|------|

CERTIFICATION

I certify that the listed attendees are required to attend the indicated meeting or training session. Official State business will be conducted. Meals or Light Refreshments are an integral part of the event.

| | | |
|--------------------------|-----------|------|
| Approving Vice President | Signature | Date |
|--------------------------|-----------|------|

Forward Approved form to Accounts Payable, MS: L1125