

## **Business Meal Pre-Approval Form**

**This pre-approval form is required when planning business meals where the attendees will consist entirely of UConn affiliates (faculty, staff, and/or students).**

Department Contact: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Meal Date and Location: \_\_\_\_\_

Business Purpose: \_\_\_\_\_

Proposed Agenda and Session Times (Business Meeting Must Last A Minimum of Two Hours):

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List of Attendees and Associated Department:

Name of Attendee	Associated Department	Name of Attendee	Associated Department

Total Number of Attendees: \_\_\_\_\_ Expected Cost Per Attendee: \_\_\_\_\_

Signature\* \_\_\_\_\_ Date: \_\_\_\_\_

**\*Signature required of the next highest organization level in attendance (i.e, Dept. Head, Director or Dean, as appropriate)**

**Please remember an itemized and paid receipt is required for reimbursement.**