



Supplemental Form for Business Meal Approval Requests (Non-Travel Meals)

Scheduled Event Date: _____

Fund: State Grant/Award Local Other: _____

Source of Funds (Fund-Department-Campus-Account): (i.e., 40004-490004-02-61264)

Description of Source of Funds (Fund-Department-Campus): (i.e., College Revenue - Auxiliary Services - Annandale Campus)

Estimated Costs:

\$ _____ Food/Beverage

\$ _____ Delivery

\$ _____ Gratuity

\$ _____ Server Fees

\$ _____ Rental Equipment Fees

\$ _____ Other Expenses

\$ _____ Total Estimated Cost

Participants (Attach List of Attendees and Affiliation*):

_____ Total Number of Participants

_____ NOVA Employees

_____ NOVA Students

_____ High School Students

_____ Other Participants (Provide Affiliation)

**If a list of attendees cannot be provided, the requester must provide an explanation for how a participant total was determined.*