CHANCELLOR'S REPRESENTATIVE FOR STATE-FUNDED MEALS FORM		
Reference: OSBM's Budget Manual (Section 5.9)		
Date:		
UNC Pembroke Employee,		
• • • • •	employee guest(s) on	actual cost of their meals (receipts required) and the State Business. Listed below is (are) the name(s) of
Examples:		
xx/xx/xxxx lunch - Jane Doe - Visiting Scholar		
xx/xx/xxxx dinner - John Doe - Visiting Scholar		
Date of the Event:	Name:	Reason:
State Account #		
Approval:		
(Dr. Robi	n Garv Cummings. Chancel	llor, or his designee, Mark Gogal, Chief of Staff ONLY)
(
Department Chair/Dean approval to exceed state per diem:		
Reimbursement to departmental faculty for meals with prospective candidates will be limited to the In-State per diem rates. The faculty member is responsible for the excess over the per diem rate unless the Department Chair or the Dean approves the additional spending and provides a non-state fund number to be billed in the event the state rate is exceeded.		
Non-State Account # for Excess Over State Meal Allowance		
	Department Chair/Dea	an
	Dopartment Onail/De	