Food/Beverage Special Expense Approval Request

** Submit form and agenda at least two weeks before event to ensure sufficient processing time. HSEM approval required before expenses incurred.*

Request Date: _____

Jurisdiction:		Federal Grant Year: _____
Requestor Name:		Grant Number: _____
Phone:		Grant Program: _____
Email:		Investment Justification: _____
Event Date(s):	Event Time(s):	☐ Training ☐ Planning ☐ M&A ☐ Organization ☐ Exercise
Event Name:		
Event Sponsor:		
Event Location:		
Describe the requested special expenses and explain why you believe that they are allowable costs:		

Estimated Costs

Description	Quantity	Unit Cost	Totals
		Total Estimated Cost:	

Requested special expense(s) must meet all following requirements:

- ☐ Related to a grant-funded activity (exercise, meeting, conference, etc.) that continues *after* meal is served*
- ☐ Cost is reasonable
- ☐ Not served during amusement or social events, or any event where alcohol is served

* Note: Snacks and beverages for morning or afternoon breaks are *not* allowable costs

HSEM Review

_____ HSEM Program Lead

_____ Date

_____ HSEM Grant Manager

_____ Date