HSEIVE Homeland Security and Emergency Management

Food/Beverage Special Expense Approval Request

Submit form and agenda at least two weeks before event. Do not incur expenses until HSEM approves your request.

ATE OF MINNESSE	Homeland Security and Emergency Management	Do not incur expenses until HSEIVI approves
Request D	Date:	

Requestor Info	rmation								
Jurisdiction:					Phone:				
Contact Name:					Email:				
Grant Informat	ion								
Federal Grant Year:					Grant Number:				
Program:					Investment Justification:				
Purpose:	Training Plannin		g	M & A	Organization	Exercise			
Event Informat	tion								
Date(s):	Date(s):					Time(s):			
Event Name:	e:				Sponsor:				
Location:									
Describe reque	sted special	expe	enses and w	hy you	believe they a	re allowable costs:			
Estimated Cost		Otv	Unit Cost	Total	Special	ovnonco roquiromente:			
Description		Qty.	Unit Cost	Total		 Special expense requirements: Related grant-funded activity (exercise meeting, conference, etc.) begins 			
					 				
						pefore and continues afte service.*	r meal		
					• (Cost is reasonable.			
						Not served during amuse event, or where alcohol is			
	nated Cost		*Note: I	*Note: Refreshments for breaks are <i>not</i> allowable costs					
			•		·				
Email complet	ed form to:								
El	MPG, HMEP	P, SH	SP — Matti	.Gurney	/@state.mn.us	3			
N:	SGP, OPSG	, UA	SI — Miche	lle.Scha	aber@state.mr	n.us			
HSEM Approva	al								

Minnesota Department of Public Safety Division of Homeland Security and Emergency Management

Approve Deny

Date

Grant Manager