

ARAMARK Waiver Requests

I need an email sent to me (Sandy Boone; sxboone@odu.edu) which I will forward to Janet McLaughlin, our Resident District Manager.

She would then need to approve it so Auxillary Services would provide you a waiver.

These are the questions she needs answered:

1. What are you spending the money on?
2. Where are you spending the money?
3. How much money are you spending?

Make sure IF you DO get approval that the amount you DO end up spending is NOT more than what was noted!

Sandy Boone
Monarch Dinning Services
Catering Coordinator
Old Dominion University
1200 Webb Center
Norfolk, VA 23529
Telephone: (757) 683-4691
Fax: (757) 683-5055

BUSINESS-RELATED MEAL EXPENSE STATEMENT
OLD DOMINION UNIVERSITY (revised 08/17/2006)

Date	Meal Expenses (receipts required)	Number of Meals
Location (city and state--determines rate of reimbursement)		Meal Taken
		Breakfast Lunch Dinner
Names of all attendees (REQUIRED) – printed or typed List the name, agency/company, and title of each person attending the business meeting.		
Name	Agency/Company	Title
Description of Business Discussed (REQUIRED) Provide a complete description of the business discussed -- use additional sheets if necessary.		
Benefits to the University (REQUIRED) – Please provide a complete description of the benefits the University will receive. Failure to provide sufficient detail will result in the meal being reported as income. Use additional sheets, if necessary.		
A Certification Statement 7 By signing this form, I certify that the meal expenses claimed on this form were business related, involved a substantive and bona fide business discussion related to the University=s well-being, and provided benefits to the University.		

Signed: _____

Title: _____

Date: _____