



Meals, Refreshments and Accommodations Report

Employee must attach the BA2 form to this report if requesting reimbursement.

Event date: 4-29-15

Page 1 of 1 including attachments.

Angel Clay
Name of Employee Hosting Meeting or Meal
68030-01-50270-705225-050003-99150
Account Distribution Summary
(Use back of sheet if additional lines are needed.)

Director, Transfer Center
Employee Host Title / Procard Holder (If Applicable)
Transfer Center/BCTC
Operating Unit title and WORK LOCATION
(College or System Office Title)

Vendor Name and Contact Information:

SECTION 1 - EMPLOYEE WORKING MEAL - Please see Business Procedures 1.13 for details

TYPE OF MEAL

Breakfast Meeting Lunch Meeting Dinner Meeting

- Employee Breakfast Meetings must begin no later than 8 AM and end no earlier than 9:30 AM - Individual meal cost cannot exceed \$10.00 per person
- Employee Lunch Meetings must begin no later than 11 AM and end no earlier than 1:30 PM - Individual meal cost cannot exceed \$10.00 per person.
- Employee Dinner meetings require prior written approval of KCTCS System Director of Business Services - Attach approval to this report - Individual meal cost cannot exceed \$18.00 per person

100 Number of Attendees \$ 200 Total Cost

Time of this Meeting was from 6:00p.m. to 8:00p.m.

Bona Fide Business Purpose of Meeting and Working Meal (Benefit to KCTCS and why was a working meal necessary?)
A list of employee attendees must be attached. The meeting coordinator/host must specify those employees on overnight travel status.