**A black background with a black square

Description automatically generated with medium confidenceBUSINESS MEETING FOOD**

**Receipt Form**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form must be filled out for all business meeting food purchases whether paid by PCard, cash or personal credit card. The school board will be maintaining these forms to justify school board expenditures to external auditors as requested. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Business Meeting Meals pursuant tothe *Guide to B.C. Public Sector Compensation and Expense Policies* states:

*Providing meals at business meetings should be an exceptional rather than regular occurrence. Where justified, meals may be provided during meetings where it is essential that business discussions do not be interrupted or where it is essential to meet over a meal period, as the issue is important, needs early resolution and no other time is available.*

*The provision of snack food items such as muffins and donuts, etc. for meetings involving only staff is discouraged, especially in situations where meetings are conducted in the location of the majority of those employees. Business meeting expenses must not include any associated costs for spouses or guests of the participants.*

**DO NOT** use this form for:

* Food purchases made NOT in conjunction with a business meeting (purchasing food for staff for non-business meeting situations is not normally an appropriate use of public funds)
* Food purchases for students or purchases from Special Purpose Funds (only fund 0)
* Meals while traveling. For travel expenses, use form [513-01 Travel & Expense Claim Form](https://sd79.bc.ca/district-forms/)

1. **EXPENSE DETAILS**
2. Date of the meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start time: \_\_\_\_\_\_\_\_\_\_\_\_\_ End time: \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please provide the **business purpose** of the meeting and **rationale** for holding a meeting during mealtime or for providing a snack:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Total Cost of Food (not including tax): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Indicate type of Food/Meal: \_\_Breakfast\_\_ Lunch \_\_Dinner \_\_Snack
3. Attendees:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Name** | **SD 79 Employee (Y/N)** | **Non-SD 79 Employee**  **(Y/N)** | **Organization of Non-SD 79 Employees** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |
|  |  |  |  |  |

Note - Business Meeting Expense Ceiling should be consistent with Travel Per Diem Ceilings:

* Breakfast/Snack - $10, Lunch - $15, Dinner - $25

1. **PAYMENT DETAILS**
2. Method of Payment – select one:

* BMO credit card (PCard). [ATTACH THIS FORM TO YOUR PCard RECONCILIATION]
  + Name of card holder and site location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cash or personal credit card [ATTACH THIS FORM TO YOUR CHEQUE REC FORM]:
  + Name of person for reimbursement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Itemized Receipt [must show what was purchased and breakout the GST]

*\*If itemized receipt is lost, you MUST complete and attach a* [*Lost Receipt Form*](https://sd79.bc.ca/district-forms/)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Authorization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_