

**ROANE STATE COMMUNITY COLLEGE  
GUEST MEAL AUTHORIZATION**

College Employee Name \_\_\_\_\_

Date of meal \_\_\_\_\_ Location of Meal \_\_\_\_\_

<u>Guest Name(s)</u>	<u>Guest Organization</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Briefly describe purpose of guest meal authorization:

I certify that the above request and purpose for the guest meal authorization is for an official business function, on behalf of the college.

\_\_\_\_\_  
College Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
VP / Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Date