



Approval for Meetings That Include Meals and Conference Facilities

Name of Meeting: _____ Request Date: _____

Date of Meeting: _____

Provider of Service: _____

This form must be submitted and approved by BFM 30 days prior to the meeting.

Section I: Advisory and Council Meetings (Considered 100% DPH Employees)

| Meeting Rooms | Meals | Amount Allowed | # DPH > 10 miles | # DPH <10 miles | # Non DPH | Total Cost |
|-----------------------|-----------------|----------------|------------------|-----------------|-----------|------------|
| # of Rooms _____ | Breakfast _____ | _____ | _____ | N/A _____ | _____ | _____ |
| Cost Per Room _____ | Lunch _____ | _____ | _____ | N/A _____ | _____ | _____ |
| Total Room Cost _____ | Dinner _____ | _____ | _____ | N/A _____ | _____ | _____ |
| Meal Allowance Total | | | | | | _____ |

Other charges: _____

Grand Total for Meeting: _____

Section II: DPH Employees Meeting (More than 25% DPH Employees Attending)

| Meeting Rooms | Meals | Amount Allowed | # DPH > 10 miles | # DPH <10 miles | Total Cost | |
|-----------------------|-----------------|----------------|------------------|-----------------|------------|-------|
| # of Rooms _____ | Breakfast _____ | _____ | _____ | N/A _____ | _____ | |
| Cost Per Room _____ | Lunch _____ | _____ | _____ | N/A _____ | _____ | |
| Total Room Cost _____ | Dinner _____ | _____ | _____ | N/A _____ | _____ | |
| Meal Allowance Total | | | | | | _____ |

Other charges: _____

Grand Total for Meeting: _____

Section III: 75% Non-DPH Employees Statewide Meeting (25% or Fewer DPH Employees Attending)

| Meeting Rooms | Meals | Amount Allowed | # DPH Employees | # Non DPH | Total Cost | |
|-----------------------|-----------------|----------------|-----------------|-----------|------------|-------|
| # of Rooms _____ | Breakfast _____ | _____ | _____ | _____ | _____ | |
| Cost Per Room _____ | Lunch _____ | _____ | _____ | _____ | _____ | |
| Total Room Cost _____ | Dinner _____ | _____ | _____ | _____ | _____ | |
| Meal Allowance Total | | | | | | _____ |

Other charges: _____

Grand Total for Meeting: _____

Section IV: Meeting Room Rental ONLY (greater than \$500 and Cannot Include Meals or Breaks)

of Meeting Rooms _____ Cost Per Room _____ Total Cost of Rooms _____
 _____ X _____ = _____

Section V: BFM Use Only

Approvals: (Signature) (Print Name & Title) (Date)

Requested by: _____

Approved by: _____

Deputy Director (or Designee): _____

Financial Management: _____

Return to: (please print) _____

APPROVAL FOR MEETINGS THAT INCLUDE MEALS AND CONFERENCE FACILITY RENTAL
Instructions for Completing 0130-ENG-DPH

PURPOSE: This form is to be used to request approval from the Commissioner for meal expense and/or conference facility rental for a DPH sponsored meeting.

EXPLANATION AND DEFINITION: Completion of this form is required to document and obtain approval for the expenses involved in DPH sponsored meetings involving catered meals and/or conference facility rentals. **This form must be completed and approved by the Commissioner prior to signing a contract (and at least 30 days prior to the meeting date.)**

Item-By-Item Instructions:

1. Name of Meeting: The complete title of the meeting/conference to be held.
2. Date of Meeting: Enter the date(s) of the meeting to be held.
3. Provider of Service: Enter the name of the organization providing the services.
4. Request Date: Enter date the form is completed.

Note: THE FORM MUST BE SUBMITTED AND APPROVED BY THE COMMISSIONER NO LATER THAN 30 DAYS PRIOR TO THE MEETING.

Decision Tree:

A. Is this a DPH Sponsored meeting where either conference room rental and/or catered meals will be provided?

Yes – Go to Question B on the decision tree

No – This form does not need to be completed

B. Is this an Advisory and /or Council meeting? (These meetings typically have a few DPH employees in attendance. For the purposes of these expenses, the Advisory and Council members are considered State employees.)

Yes – Complete Sections I and V

No – Go to Question C on the decision tree

C. Will catered meals be involved in this meeting?

Yes – Go to Question D

No – Complete Sections IV and V

D. Are more than 25% of the individuals attending this meeting employed by DPH?

Yes – Complete Sections II and IV

No – Complete Sections III and V

Section I: Advisory and Council Meetings (Considered 100% DPH Employees)

1. Meeting Rooms

A. # of Meeting Rooms – Enter the number of rooms being rented

B. Cost Per Room – Enter the amount that is being charged for each room

C. Total Room Cost – Take item A times item B

2. Meals

A. Amount Allowed – Enter the allowed amount per person for each meal offered. This amount may be obtained from the Bureau of Financial Management External Procedures Manual Disbursement Section Travel Subsection.

B. # DPH > 10 miles – Enter the number of expected function participants who are DPH employees and are **more than 10 miles** from their home **and** headquarters to the meeting site.

C. # DPH < 10 miles – This line is pre-filled with N/A due to state law which prohibits reimbursement of meals for state employees who are less than 10 miles from their home and headquarters from the meeting site.

D. # Non-DPH – This is the number of expected function attendees who are not DPH employees, who serve on the Advisory or Council holding the meeting.

E. Total Cost – This is the total of B and D (above) times the allowed amount by type of meal. This amount **cannot** be exceeded for reimbursement purposes. This column should be totaled on the Meal Allowance Total line.

3. Other Charges

Describe any other additional charges (including costs) that may be required. Examples would include audiovisual rental, Internet access, sleeping rooms, etc. Breaks are not allowed for this type of meeting.

4. Grand Total for Meeting

Total the estimated costs of Meeting Rooms, Meals and Other Charges. This total should equal the amount of the pending contract from the provider of the service.

Section II: DPH Employees Meeting (More than 25% DPH Employees Attending)

1. Meeting Rooms
 - A. # of Meeting Rooms – Enter the number of rooms being rented
 - B. Cost Per Room – Enter the amount that is being charged for each room
 - C. Total Room Cost – Take item A times item B

2. Meals
 - A. Amount Allowed – Enter the allowed amount per person for each meal offered. This amount may be obtained from the Bureau of Financial Management External Procedures Manual Disbursement Section Travel Subsection.
 - B. # DPH > 10 miles – Enter the number of expected function participants who are DPH employees and are **more than 10 miles** from their home **and** headquarters to the meeting site.
 - C. # DPH < 10 miles – This line is pre-filled with N/A due to state law which prohibits reimbursement of meals for state employees who are less than 10 miles from their home and headquarters from the meeting site.
 - D. # Non-DPH – This is the number of expected function attendees who are not DPH employees.
 - E. Total Cost – This is the total of B and D (above) times the allowed amount by type of meal. This amount **cannot** be exceeded for reimbursement purposes. This column should be totaled on the Meal Allowance Total line.

3. Other Charges

Describe any other additional charges (including costs) that may be required. Examples would include audiovisual rental, Internet access, sleeping rooms, etc. Breaks are not allowed for this type of meeting.

4. Grand Total for Meeting

Total the estimated costs of Meeting Rooms, Meals and Other Charges. This total should equal the amount of the pending contract from the provider of the service.

Section III: 75% Non-DPH Employees Statewide Meeting (25% or Fewer DPH Employees Attending)

1. Meeting Rooms
 - A. # of Meeting Rooms – Enter the number of rooms being rented
 - B. Cost Per Room – Enter the amount that is being charged for each room
 - C. Total Room Cost – Take item A times item B

2. Meals
 - A. Amount Allowed – Enter the allowed amount per person for each meal offered. This amount may be obtained from the Bureau of Financial Management External Procedures Manual Disbursement Section Travel Subsection.
 - B. # DPH > 10 miles – Enter the number of expected function participants who are DPH employees and are **more than 10 miles** from their home **and** headquarters to the meeting site.
 - C. # DPH < 10 miles – This line is pre-filled with N/A due to state law which prohibits reimbursement of meals for state employees who are less than 10 miles from their home and headquarters from the meeting site.
 - D. # Non-DPH – This is the number of expected function attendees who are not DPH employees, which serve on the Advisory or Council holding the meeting.
 - E. Total Cost – This is the total of B and D (above) times the allowed amount by type of meal. This amount **cannot** be exceeded for reimbursement purposes. This column should be totaled on the Meal Allowance Total line.

3. Other Charges

Describe any other additional charges (including costs) that may be required. Examples of this would include audiovisual rental, Internet access, sleeping rooms, etc. Breaks are not allowed for this type of meeting.

4. Grand Total for Meeting

Total the estimated costs of Meeting Rooms, Meals and Other Charges. This total should equal the amount of the pending contract from the provider of the service.

Section IV: Meeting Room Rental **ONLY (>\$500 and Cannot Include Meals or Breaks)**

1. # of Meeting Rooms – Enter the number of rooms being rented
2. Cost Per Room – Enter the amount that is being charged for each room
3. Total Room Cost – Take item A times item B

Section V: Funding

1. Location – Enter the AIMS Location Code for the Accounting Stream to be used in funding the expenditures.
2. Organization – Enter the AIMS Organization Code for the Accounting Stream to be used in funding the expenditures.
3. Fund - Enter the AIMS Fund Code for the Accounting Stream to be used in funding the expenditures.

4. Account - Enter the AIMS Account Code for the Accounting Stream to be used in funding the expenditures.
5. Activity - Enter the AIMS Activity Code for the Accounting Stream to be used in funding the expenditures.
6. Amount – enter the total dollar amount to be funded out of the Accounting Stream entered in items 1 through 5 above.

ATTENDEE LIST FOR MEETING

This supplemental page is used to document the attendees for the meeting referenced on the DPH Form 0130. For each individual attending the meeting, the name and social security number (social security number is required for state employees only) must be entered on the form and then place a check mark in the appropriate column for Non-DPH Employee, DPH Employee residing/headquartered greater than 10 miles from the meeting location or DPH employee who resides/is headquartered within 10 miles of the meeting site. The check marks for each column should be totaled and percentages calculated. If the attendee list is known in advance of the meeting, this form should be filled and submitted with the DPH Form 0130 for approval. If the list is not known in advance of the meeting, then the list should be completed the day of the meeting and forwarded to the Bureau of Financial Management attention Accounts Payable Manager.

Approvals

1. Requested By – The individual responsible for planning the meeting should sign, enter their title and date indicating their approval of the information provided on the form.
2. Approved By – The Supervisor of the individual responsible for planning the meeting should sign and enter their title and date indicating their approval of the information provided on the form.
3. Deputy Commissioner (or Designee) – The Deputy Commissioner (or designee) should sign, enter their title and date indicating their approval of the information provided on the form.
4. Bureau of Financial Management – The form should be reviewed (for fiscal completeness) and signed by an authorized person from the Bureau of Financial Management’s Accounts Payable Section. This person should enter their title and date of approval.
5. Commissioner – The Commissioner should sign and date indicating their approval of the meeting.

Filing: After the Commissioner has approved the form, the form is returned to the Bureau of Financial Management Accounts Payable Section where a copy is made. The original is returned to the program area conducting the meeting and should be filed. The copy retained by the Bureau of Financial Management will be filed by fiscal year in the Accounts Payable Section.

Supply: These forms may be obtained from the DPH Intranet, RIMS (Records Information Management System).

Retention: Schedule 12-736. The original is to be retained by the program area for the balance of the current fiscal year and then for three additional fiscal years. The Bureau of Financial Management Accounts Payable Section will retain the copy for the balance of the current fiscal year and then for three additional fiscal years.