

# Kansas Department of Agriculture

## Detail for Official Hospitality/Food/Beverages



Date

---

Contact Name

Email Address

Phone Number

Program Name

Date of Event

Location

Name of Function

Vendor

Description of Function

Amount Requested

Fund / Budget Unit

Federal Fund / Budget Unit (if necessary)

Mark One:

Requirement for Business Setting - Food/beverages provided to staff or guests in support of an official business setting (conference, workshop, training session) and are an essential/important ingredient for success, not merely a hospitality function. Justification required below.

Fees Collected - Food/beverages are supported by fees designed for the purpose for which they are collected. Justification required below.

Federal Agency Approval - Food/beverages are an approved expenditure by granting federal agency. Justification of how this relates to grant project required below.

Other- Food/beverages are requested for an additional purpose. See Policy Manual of the Office of the Chief Financial Officer 3,351 for additional guidance (<https://www.admin.ks.gov/offices/chief-financial-officer/policy-manual>.) Justification required below.

---

Justification:

KDA attendees/invited:

Non-KDA Guest in attendance/invited:

Attach separate page listing attendees if space not available. A final guest list will need to be provided upon conclusion of the event.

---

The authorized signature below certifies that in connection with the requested approval for food/beverages:

- Food/beverages will not be provided in a largely social unstructured setting, such as a reception, party or gathering with no clear official business purpose.
  - Food/beverages will not be provided as incidental to a normal meeting on which the success of the meeting will not depend on food/beverages being present (staff meetings, committee meetings, etc.)
  - No state employees receiving meals have or will claim subsistence.
  - Policy Manual of the Office of the Chief Financial Officer 3,351 has been adhered to and no meal with a value of greater than \$25 will be provided to state employees.
- 

Signature of Program Manager

Name of Program Manager

Date

Date Received by Fiscal

Approval

Yes

No

With Edits

Date Notified by Fiscal

Fiscal Staff