

**ATTACHMENT 1
BUSINESS RELATED MEAL FORM**

This form must be completed and attached to all Business Meal Requests

Total Cost of the Business-Related Meal(s): \$

Meeting Title: _____

Date of Meeting: _____

Start Time of Meeting: _____ End Time of Meeting: _____

Service Rendered (check all that apply):

Breakfast AM Coffee Refresh Lunch Reception/Dinner

Meal Location:

Judicial Council San Francisco Judicial Council Sacramento

Other: _____

Purpose for the Business Meal(s) (check all that apply):

Working through meal Other: _____

I have reviewed the attached roster of participants and certify that the majority (excluding judicial council staff) will travel 25 or more miles from their headquarters to the meeting in order to participate.

The staff member and staff member's manager have carefully reviewed the items ordered and the attendant pricing and certify that the items ordered are for the benefit of the state, and the pricing for said items is in strict accordance with the attached menu and is reflective of the current contract and amendments thereto.

Requesting Employee

Print Name:

Signature: _____ Date _____

Requesting Employee's Manager

or Appointing Power Designee / Office Leadership

Print Name:

Signature: _____ Date _____