

Meals Authorization Form

For your convenience and savings, Florida Legal Services, Inc. (FLS) has organized (2) group meals for this event.* FLS has requested that the hotel directly bill us in order to save costs and administrative time. FLS will, in turn, bill your program for costs.

Staff Name(s):

- ✓ I SUPPORT and acknowledge the participation of the above staff person(s) of my organization.
- ✓ I APPROVE the costs listed in this application for the February 7-8, 2008 "Housing Issues In the Current Economy: A Hands On Approach" Training Event.
- ✓ I will reimburse FLS, Inc. for the costs incurred on behalf of the listed participant(s).

Director's Signature: _____

Date _____

Please Fax signed form to:
Sharon Ferguson, Coordinator,
Statewide Training
(904) 768-9461

*group meal (2) cost estimated not to exceed \$36.00 (\$18/per meal)