

CAFÉ MAC CHARGES POLICY

- Policy Number:** FIN-107
- Effective Date:** Approved by the **Eastern Washington State Historical Society (EWSHS)** Board of Trustees on May 5, 2021.
- Application:** Applies to all employees of the Eastern Washington State Historical Society EWSHS.
- History:** This policy updates and renumbers BP #144 dated February 1, 2017. BP #144 replaced HR # 208.
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Article I PURPOSE

1.1 The goal of this policy is to ensure compliance with State of Washington RCWs regarding meal expenses by putting the burden on the employee to ensure proper approvals. Use of the form ensures that the café operator is able to invoice the museum and has the proper information required by the State and the IRS.

Article II PROCEDURE

2.1 In order to charge meal expenses to the museum, EWSHS staff must use this form: <R:\Resources\Forms\Cafe MAC Food Service Request.doc>. For ease of reference, the form is attached to this policy as Exhibit A.

2.2 Complete the form, obtain the approval of an authorized manager, and submit the form to the MAC café manager. A form approved by an authorized manager may be submitted in advance for meetings and events. Please note that a requestor must get **preapproval** from their manager in order to bill food to their department.

Article III RESPONSIBILITIES

- 3.1 Employees with signature authority are responsible for assuring the following:
- 3.1.1 An understanding of what is being approved;
 - 3.1.2 The expense is allowable, reasonable and justified; and
 - 3.1.3 There are adequate funds to cover the expense.
- 3.2 Employees with signature authority include the Executive Director and department heads.

References that apply to this policy

RCW 43.03.050(3)	
SAAM Chapter 70.15	

**Exhibit A
MAC FOOD SERVICE REQUEST**

LOCATION AND DELIVERY INFORMATION:			DATE:
			DELIVERY TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM CLEAN UP TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM
REQUESTED BY:	DEPT NO.	PHONE:	NUMBER OF PERSONS BEING SERVED:
PURPOSE OF FUNCTION:			DEPT / BUDGET
# of Items	Item Description	Unit Cost	Total Amount
COMMENTS:		TOTAL CHARGES	
		SALES TAX	
		TOTAL INVOICE	

By signing below I authorize the Café to bill the Budget Account noted above.

APPROVED BY (PRINT)

SIGNATURE

DATE