

Business Meeting Meal Reimbursement Request

Instructions:

Please complete this form, obtain proper approval, attach _____ receipt and attach an agenda. Forward completed form to Accounts Payable. Please Note: Receipt must show exactly what was purchased and show proof of payment. Credit card receipts showing only a total will not be accepted.

Payee Information

Payee Name _____ Deliver Check to (address) _____
Vendor Number (AP will complete) _____

Payment Information

Date of Meeting _____ Amount _____
Meeting Begin Time _____ Meeting End Time _____
Business Purpose _____

Number of Participants _____ Restaurant/Meeting Location _____
Participant Names: _____ Affiliation/Organization: _____

Attach additional sheet if more than five participants.

Accounting Information

Cost Center/WBSE _____ Commitment Item _____

Signature of Employee Responsible for Request

I certify these expenses are in accordance with established university policies and were incurred in the performance of official duties.

Signature _____ Date _____

Approval

Financial Manager Approval _____ Date _____

Supervisor Approval _____ Date _____
(ONLY required if Payee is Financial Manager)

Accounts Payable Approval _____ Date _____