

# Business Meeting Meal Reimbursement Request

## Instructions:

Please complete this form, obtain proper approval, attach **itemized** 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 \_\_\_\_\_