# Meal Reimbursement Form

| Your Name: | |
| Restaurant Name: | |
| Receipt Date: | |
| Description: | |

| Persons Present and Titles: | |

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>University Employee?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Cost of Meal:</th>
<th>Payment for Meal (excluding alcoholic beverages) reimbursable at twice that which is allowable by University travel policies. (SECTION 15.1 – Travel Regulations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Alcohol if Purchased:</td>
<td>Payment for Alcohol Only reimbursable on a Gift Account (SECTION 8 – PAYMENTS AND REIMBURSEMENTS)</td>
</tr>
<tr>
<td>Total Less Alcohol:</td>
<td></td>
</tr>
</tbody>
</table>

Please tape itemized receipt and credit card receipt to a clean sheet of white paper and paper clip both sheets together to submit to the Business Office.

KCHBO Revised 08/23/2013