

Meal Reimbursement Form

Your Name:	
Restaurant Name:	
Receipt Date:	
Description:	

Persons Present and Titles:	Name	Title	University Employee?
	Total Cost of Meal:		<i>Payment for Meal (excluding alcoholic beverages) reimbursable at twice that which is allowable by University travel policies. (SECTION 15.1 – Travel Regulations)</i>
	Cost of Alcohol if Purchased:		<i>Payment for Alcohol Only reimbursable on a Gift Account (SECTION 8 – PAYMENTS AND REIMBURSEMENTS)</i>
	Total Less Alcohol:		

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.