

Meals or Refreshments at Meetings

(Must be a minimum of 2 hours to qualify as a meeting)

If requesting a reimbursement please attach to a **Reimbursement Request Form**

Payment To: _____ \$ Reimbursement: _____
(Gratuity must not exceed 15%)

Date of Event: _____ Beginning Time: _____ am Ending Time: _____ am
 pm pm

Purpose of Event: _____ Location: _____

Inter-Departmental Inter-Institutional Other _____

PARTICIPANTS: _____
(Please Print)

ITEMIZED RECEIPT REQUIRED AND MUST BE ATTACHED (if not itemized complete section below)

If receipt is NOT itemized a detailed list of what was purchased must be completed and the following statement must be signed by the individual being reimbursed.

Items Purchases: _____

Expenses \$ _____ Tax \$ _____ Gratuity \$ _____ = \$ _____
(Maximum Allowed 15 %)

X _____
I verify this reimbursement request does not include alcohol.

All reimbursements must have your supervisor's signature:

X _____ X _____
Signature Printed Name & Title