Business Meal Reimbursement Request

NOTE: All receipts must be attached and form filled out completely for reimbursement to be processed.

Name & ID# of Person Re	questing Reimbursement:
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Attached Receipts (must attach both receipts to be eligible for reimbursement)

Itemized Receipt: must include name of restaurant, date of service and an itemized list of meals purchased

Credit Card Receipt: must show the charge to the credit card & any tip paid

Name of Restaurant

Date of Service # of People Served

Purpose of Meal: (please be detailed)

List of Participants & Affiliation:

Business Relationship of Participants:

Alcohol Statement: Please check the appropriate choice

No Alcohol was served at this meal

No alcohol was served to anyone under the age of 21 years at this meal