

## School of Art + Design – Meals Reimbursement Request

Name (Last, First) \_\_\_\_\_ UIN \_\_\_\_\_

**Reimbursement Request for Business meals** – provide detailed meal receipt for all in attendance.

Date of Meal: \_\_\_\_\_ Reimbursement Amount: Food \$ \_\_\_\_\_

Alcohol \$ \_\_\_\_\_

Purpose of Meal: \_\_\_\_\_

Individuals in attendance – Provide first and last name for all in attendance, include Institution or Agency affiliation for guests.

University Guests: \_\_\_\_\_

University Staff: \_\_\_\_\_

University Students: \_\_\_\_\_

University Account To Charge: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_