

## BUSINESS MEAL CERTIFICATION AND FOOD & BEVERAGE FORM

*The original, itemized receipt(s) along with any other necessary documentation must be attached.*

MEAL REIMBURSEMENT AMOUNT: \_\_\_\_\_ DATE OF MEAL EXPENSE: \_\_\_\_\_

NAME AND ADDRESS OF DINING FACILITY: \_\_\_\_\_

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BUSINESS REASON:     Recruitment                       Training Function                       Student Function

Other (*explain the nature of the business benefit*): \_\_\_\_\_

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NAMES AND EMPLOYERS OF THE OTHER MEAL PARTICIPANTS (*use a separate sheet, if necessary*):

NAME	EMPLOYER/AFFILIATION
1.	
2.	
3.	
4.	
5.	
6.	

TRAVELER'S/PURCHASER'S PRINTED NAME: \_\_\_\_\_ T#: \_\_\_\_\_

TRAVELER'S/PURCHASER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVING AUTHORITY'S PRINTED NAME: \_\_\_\_\_

(VP/AVP; Dean; Assoc/Asst Dean; or Director who reports directly to a VP)

APPROVING AUTHORITY'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_