



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: _____

BUSINESS REASON: Recruitment Training Function Student Function

Other (*explain the nature of the business benefit*): _____

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: _____