

REQUEST FOR MEAL REIMBURSEMENT

| Name: | | | Employee ID: 10 | | |
|---|-------|---------|---------------------------|-------------|--|
| Purpose of Meal: | | | | | |
| Restaurant: | | | | | |
| Payment Type: Personal Card | | al Card | Speed Type/Grant Name: | | |
| | Trave | el Card | PI Signature or Initials: | | |
| Guidelines: Meals over \$500 must have prior approval by the Dean (separate document). Please include itemized receipt One drink per person No more than 20 % for tip will be reimbursed Please list all attendees associated with this expense | | | | | |
| Name | | | <u>Title</u> | Affiliation | |
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SUBMIT RECEIPTS WITH THIS FORM