

# MEAL REIMBURSEMENT FORM

FIRST, save this form to your desktop, then fill it out.

Today's Date: _____	Home Address: _____ <hr/> City: _____ State: _____ Zip: _____
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Name of faculty to be reimbursed: \_\_\_\_\_ EMPLID: \_\_\_\_\_

Purpose of Meal(s): \_\_\_\_\_

(You may report multiple meals on the same form if they were for the same purpose.)

	BREAKFAST	LUNCH or RECEPTION <small>(select one)</small>	DINNER or EVENT <small>(select one)</small>
LIST OF ATTENDEES	Date: _____	Date: _____	Date: _____
	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
	4.	4.	4.
	5.	5.	5.
	6.	6.	6.
	7.	7.	7.
	8.	8.	8.
	9.	9.	9.
	10.	10.	10.
TOTALS	Total of Meal:     \$ _____	Total of Meal:     \$ _____	Total of Meal:     \$ _____
	Tip:                     \$ _____	Tip:                     \$ _____	Tip:                     \$ _____
	Grand Total:         \$ _____	Grand Total:         \$ _____	Grand Total:         \$ _____

**SIGNED ALCOHOL STATEMENT**  
Required by law

No person under 21 was served alcohol at this event.

\_\_\_\_\_  
Signature