|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | |  | **Title:** |  | |
| **Department:** | |  | | | | | | |
| **Total Cost of Business Meal:** | | | |  | | | | **Reimbursement? Yes No** |
| **Type of Event:** | | |  | | | | | |

**Please describe the purpose of the business meal including the specific benefit(s) it will present to the University:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Attendee Name** | **Title & Employer** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |

**NOTE: Attendees list must include all participants. If additional space is needed, please use the back of this form.**

**Itemized receipt(s) must be attached to this form upon submission. For reimbursements, approved Authorization-to-Pay form must also be attached. Gratuity is limited to 20% of the cost of food only (do not include tax in gratuity calculation).**

|  |  |
| --- | --- |
|  |  |
| Business Meal Purchaser Signature | Date |
|  |  |
| Fund Manager Signature | Date |
|  |  |
| President/Division Vice President Signature | Date |