|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:**

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| --- |
|       |

|  |  |
| --- | --- |
| **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 |