

Request For Meal Reimbursement

ALCOHOL INCLUDED*

FOOD ONLY (no-alcohol)

DATE: _____

MAKE CHECK PAYABLE TO: _____
 (Full Name Of Claimant): First Name Middle Name (or Initial) Last Name

REMIT TO ADDRESS: _____ **CSC AFFILIATION:** _____
 (CURRENT HOME) _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

PURPOSE OF VISIT OR MEAL FUNCTION: _____

Visitor's Name	Location of Function	Meal Category	Date Expense Incurred

List all participants:			

CLAIMANT SIGNATURE: _____ **TOTAL REIMBURSEMENT AMOUNT:** _____

CHARGE TO:

Project	Account Code	Distribution	
		Percent %	Amount \$

APPROVED BY: _____
 Department Head (Print) Department Head (Signature) Date

APPROVED BY: _____
 (*when required) Dean (Print) Dean (Signature) Date

Deliver completed form to the Computer Science Main Office
 (Located in Engineering Building II, Room 3321)