Computer Science
NC STATE UNIVERSITY

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: _____   _____

             Gregg Rothermel, Dept Head   Date

APPROVED BY: _____   _____

             Dean (*when required)   Date

Deliver completed form to the Computer Science Finance Office
(Located in Engineering Building II, Room 3320)