Request For
Meal Reimbursement

DATE: ________________

ALCOHOL INCLUDED* ❌
FOOD ONLY (no-alcohol) ☒

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: ___________________________

<table>
<thead>
<tr>
<th>Visitor’s Name</th>
<th>Location of Function</th>
<th>Meal Category</th>
<th>Date Expense Incurred</th>
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List all participants:

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CLAIMANT SIGNATURE: ____________________________ TOTAL REIMBURSEMENT AMOUNT: $ ______________

CHARGE TO:

| Project | Account Code | Distribution
Percent % | Amount $ |
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APPROVED BY: ____________________________ Date

Gregg Rothermel, Dept Head

APPROVED BY: ____________________________ Date

Dean (*when required)

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

Revised: 7/8/22 Questions about this form? Contact the Computer Science Finance Office at (919) 515-2858