# Request For Meal Reimbursement

**DATE:** ________________

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

- **REMIT TO ADDRESS:**
  - **(CURRENT HOME):**
  - **CSC AFFILIATION:**
  - **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>
</tr>
</thead>
<tbody>
<tr>
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</table>

**List all participants:**

<table>
<thead>
<tr>
<th>Project</th>
<th>Account Code</th>
<th>Distribution Percent %</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**CLAIMANT SIGNATURE:** ________________

**TOTAL REIMBURSEMENT AMOUNT:** $ __________

**CHARGE TO:**

**APPROVED BY:**
- **Department Head/PI:** ____________
- **Date:** ____________

**APPROVED BY:**
- **Dean (*when required):** ____________
- **Date:** ____________

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

Revised: 8/31/18 Questions about this form? Contact the Computer Science Finance Office at (919) 515-2858