

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: _____

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/PI Date

APPROVED BY: _____
Dean (*when required) Date

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