

# MEAL REIMBURSEMENT

Itemized receipt & proof of payment is required  
(do not handwrite)

## Employee Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

UIN: \_\_\_\_\_ email: \_\_\_\_\_

Please check one: Faculty                      Staff                      Post Doc  
                         Graduate Student                      Undergraduate Student

## Guest Information:

Name: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Note: Please attach a copy of the event announcement.

Event date: \_\_\_\_\_ Type of meal: Breakfast ( ) Lunch ( ) Dinner ( )

Name of the Restaurant: \_\_\_\_\_

Location of the event: \_\_\_\_\_

Total meal expense: \_\_\_\_\_

Alcohol: \_\_\_\_\_ (please note that alcohol won't be reimbursed)

Detailed business purpose and justification of the expense:

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List the names of attendees (if less than 20 people) and their affiliation to the University  
(attach if necessary. do not abbreviate)

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PI's approval: \_\_\_\_\_

Account: \_\_\_\_\_