



# FOOD/BUSINESS MEAL AND RECOGNITION EVENT PAYMENT

Request Date:

**REIMBURSEMENT REQUIREMENTS:  
ITEMIZED RECEIPT FOR FOOD/MEAL AND PROOF OF PAYMENT ATTACHED**

Date:   
Time:   
Place:

Total Number of People in Group:

Guest(s):

University Personnel:

Purpose of food/meal and Specific topic of discussion:

Make Payment or Reimbursement to:   
Address:   
City, State & ZIP:

Banner ID:  If no Banner ID, please send completed W-9 form.

Amount of Request:  Chart/Index/Account:

Contract/PO #:  Prepared by:

Department Name:  Phone:  PO Box:

**IF CHARGING TO GRANT OR FOUNDATION INDEX, MAIL TO PO BOX 70732 FOR APPROVAL**

Requestor signature (**Required**) \_\_\_\_\_ Date \_\_\_\_\_

Grants/Foundation/Agency (if required) \_\_\_\_\_

Department Approval (**Required**) \_\_\_\_\_ Date \_\_\_\_\_

Vice President (if required) \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director (if required) \_\_\_\_\_ Date \_\_\_\_\_

President (if required) \_\_\_\_\_ Date \_\_\_\_\_

**MAIL COMPLETED REQUEST AND ATTACHMENTS TO PROCUREMENT PO BOX 70729**