

| | | |
|------------------------------|--|-----------------------|
| For Office Use Only | Staff Initials: _____ | Completed Date: _____ |
| Travel Authorization # _____ | Travel Registry # (if Applicable): _____ | DV# _____ |



THE UNIVERSITY OF ARIZONA
 COLLEGE OF SOCIAL & BEHAVIORAL SCIENCES
**School of Government
 & Public Policy**

FACULTY & STAFF REIMBURSEMENT REQUEST

Please place this cover sheet and all required supporting documents in a sealed envelope so items do not get lost/separated.

NAME _____ **Employee ID#** _____

MEAL/CATERING REIMBURSEMENT

Date/Time of Meal Expense _____

Business Purpose for Expense _____

Restaurant Name _____

Restaurant Address _____

Name and Affiliation of each Attendee *(if more space is needed, please provide a list of attendees as a separate document).*

| | |
|--|--|
| | |
| | |
| | |

Total Amount of Food & Non-Alcoholic Beverages (<20% tip) _____

Account to process payment (if known) _____

Supporting Documents Required

- Original Receipts (food and drink items identified by name)- last four digits of credit card need to be noted
- Flyer or Agenda related to business purpose
- List of attendees (if more than the 8 noted above)

Notes:

- Alcohol will not be reimbursed without prior dept authorization. **ALCOHOL RECEIPTS** should be separated from food receipts, whenever possible.
- Tip amounts that exceed 20% cannot be reimbursed

Notes for Reimbursement Processor

