

<b>For Office Use Only</b>	Staff Initials: _____	Completed Date: _____
Travel Authorization # _____	Travel Registry # (if Applicable): _____	DV# _____

## SGPP 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**

