

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

THE UNIVERSITY OF ARIZONA

## 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 \_\_\_\_\_ EmployeeID# \_\_\_\_\_

### 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) ~~and~~ last four digits of credit card need to be noted
- Flyer or Agenda related to business purpose
- List of attendees (if more than 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

