BUSINESS MEAL REIMBURSEMENT FORM

DEPARTMENT OF MECHANICAL ENGINEERING
(Itemized Receipt Required)

Name: __________________________________________ Email: __________________________

Check one: _______ UH Faculty _______ UH Student
_________ UH Staff _______ Other (specify)

Home Address: ______________________________________

To verify the correct person is being reimbursed

Amount of Reimbursement $: ___________________________ Paid off of Account #: ______________________

Fund codes: 2064, 2160, 2164 prohibit food/entertainment

Date __________________________ Requestor’s Signature: __________________________

Purpose of Meeting/Function.
Be specific. Advisor’s Signature: __________________________

Benefit of Meeting/Function to the mission of the university.
Be specific.

List of Attendees.

For 10 or fewer participants: Provide names of guests and employees, their titles, institutional affiliations, and/or relation to the university.
For 10 or more participants: Provide name, title, affiliation of the honored guest(s) and the total number of persons attending.

1. ___________________________________________ 6. ___________________________________________
2. ___________________________________________ 7. ___________________________________________
3. ___________________________________________ 8. ___________________________________________
4. ___________________________________________ 9. ___________________________________________
5. ___________________________________________ 10. ___________________________________________

MAPP 4.01.03 (POLICY ON REIMBURSEMENTS/VOUCHERS)
ALL REQUESTS FOR REIMBURSEMENT, INCLUDING REQUIRED DOCUMENTATION, MUST BE SUBMITTED TO THE
DEPARTMENT OF BUSINESS OFFICE NO LATER THAN 60 DAYS AFTER THE DATE OF PURCHASE. REQUESTS SUBMITTED
AFTER 60 DAYS MAY NOT BE FORWARDED TO ACCOUNTS PAYABLE FOR REIMBURSEMENT.

QUESTIONS Email: mebizops@central.uh.edu or Contact: ME Staff @ (713) 743-4500
Business Meal Form: Revised 11/2014