

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 guests(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