

Biological & Agricultural Engineering

Business Meals/Food Collaboration Reimbursement Documentation

To Be Reimbursed/Paid to: _____

Date and Place of Meeting: _____

Business Purpose and Benefit of Meeting:

Person or Group Attending: Names	Job Title/Company
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Account/Project: _____

Breakdown of Expenses:

Business Meal/Non Alcoholic Beverage (expense code 6340):	\$ _____
Snacks/meal at conference, seminar, or short course (expense code 6374):	\$ _____
Snacks (non meal) at official event (expense code 6339):	\$ _____
Catered meal (served by vendor) (expense code 6338):	\$ _____
Alcoholic Beverage/s (expense code 6341):	\$ _____
Voluntary Tip (prorate between food and alcohol expense code):	\$ _____
Mandatory Tip (prorate between food and alcohol expense code):	\$ _____
Tax (same expense code as food):	\$ _____
Total Amount of Reimbursement:	\$ _____

The total amount of alcoholic beverages (including prorated tips) is \$_____.

I certify that this food and alcohol was purchased for the business purpose described above.

Reimbursee/Signature of Accountability

Date