MEAL REIMBURSEMENT FORM

Please complete the Meal Reimbursement Form, attach original receipt (itemized too), and submit to the MIE Business Office immediately after each purchase. Request submitted after 60 days becomes taxable income.

Section 8 – Payments and Reimbursements See https://www.obfs.uillinois.edu/bfpp/section-8-payments-reimbursements/determine-allowability-business-meals-refreshments to determine the allowability of Business Meals and Refreshments.

lame/UIN Number:	
i Name and Signature: (You	may print e-mail approval on back of request if signature is not provided.)
Account Name to Change	
Account Number to Charge:	
Meal Date:	
Company Name:	
otal Amount:	
Attendees/Affiliation:	Example: John Doe from Boeing
ustification (Purpose must ar	nswer what, when, where, who, why and how it benefits University.):
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