

MEAL ORDER FORM

This form and all required documentation must be filled out and returned to the MIE Business Office immediately after each purchase. [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.

Request submitted after 60 days, reimbursement becomes taxable income.

Date Submitted: _____

Name/UIIN Number: _____

PI or CoPI Name and Signature: You may attach e-mail if signature is not provided.

Account Number to Charge: _____

Purchase Date: _____

Company Name: _____

Total Amount: _____

Attendees/Affiliation: **Example: John Doe from Boeing**

Justification (See example): **Justification** should be explanation of purpose. Answer what, when, where, who, and why.
