MEAL REIMBURSEMENT

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/UIN 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

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________________________________________________________________________

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

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