

# MEAL ORDER FORM

Please make arrangements with vendor. Submit completed Meal Order Form and list of attendees plus their affiliation to the MIE Business Office to complete credit card payment.

**For Help Determining the Allowability of Business Meals and Refreshments**

<https://www.obfs.uillinois.edu/bfpp/section-8-payments-reimbursements/determine-allowability-business-meals-refreshments>

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**Date Submitted:** \_\_\_\_\_

**Name/UID Number:** \_\_\_\_\_

**PI Name and Signature:** (You may print e-mail approval on back of request if signature is not provided.)

\_\_\_\_\_

**Account Number to Charge:** \_\_\_\_\_

**Company Information:** \_\_\_\_\_

**Delivery Date, Time, Location:** \_\_\_\_\_

\_\_\_\_\_

**Contact Information of Person who will receive delivery:** \_\_\_\_\_

Item Name/Description	Quantity	Unit Price	Amount
<input type="checkbox"/> _____			
<input type="checkbox"/> _____			
<input type="checkbox"/> _____			
<input type="checkbox"/> _____			
<input type="checkbox"/> _____			

**Justification** (Purpose must answer what, when, where, who, why and how it benefits University.):

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