

MEAL REIMBURSEMENT FORM

Name: Click or tap here to enter text.

Date of Meal: Click or tap to enter a date.

Total Amount Requested: Click or tap here to enter text.

Merchant Name: Click or tap here to enter text.

Type of Meal (select one): Choose an item.

Number of Attendees: Click or tap here to enter text.

- If 10 or fewer attendees, please list their full names and affiliations below:
 1. Click or tap here to enter text.
 2. Click or tap here to enter text.
 3. Click or tap here to enter text.
 4. Click or tap here to enter text.
 5. Click or tap here to enter text.
 6. Click or tap here to enter text.
 7. Click or tap here to enter text.
 8. Click or tap here to enter text.
 9. Click or tap here to enter text.
 10. Click or tap here to enter text.

Did this meal include alcohol? Yes No

NOTE: Alcohol can only be reimbursed using **local funds**.

Business Purpose of Meal: Click or tap here to enter text.

Funding Source(s): Click or tap here to enter text.

Submission

- Send this completed form to your department administrative coordinator along with your **itemized receipt** within 30 days of the meal.
- If submitted after 30 days, please provide a justification for why it is late:
Click or tap here to enter text.

Policies

- <https://travelandexpense.procurement.virginia.edu/expenseuva/food-purchases-uva>