

COLLEGE OF ARCHITECTURE

Documentation for Payment or Reimbursement of Business Related Meals

Purchase Order # _____

Vendor

Date

Address

Account Name

City, State, Zip

Account Number

Phone/Fax

Estimated Total Expenditure

Are Alcoholic Beverages an allowable expense on the above account? _____

I certify the items purchased will be used only for legitimate
University business purposes or authorized incidental personal
use (not for consulting/other personal gain).

I approve this expenditure of funds from the above account.

Signature of Requestor/printed name

Director, Dept. Head, or Account Administrator

Date and Place of Meeting: _____

Purpose/Benefit of Meeting to the University: _____

Persons/Group in Attendance: (please attach another sheet if more space is needed.)

Name Title, Company

Name Title, Company

Name Title, Company

Amount of Food & Non-Alcoholic Beverage \$ _____

Total Amount of Receipt \$ _____

Amount of Alcoholic Beverages(if allowable) \$ _____

Total Amount of Reimbursement \$ _____

Amount of Tip \$ _____

I, the undersigned, certify that regarding food and beverage purchased for the business related purpose as described above, exactly \$ _____
(including any applicable tax) was for the purpose of alcoholic beverages.

Signature

Date