

AUBURN UNIVERSITY

Business / Guest Meal Reimbursement

Financial Reporting 321 Ingram Hall 844-4623

Please complete this form by providing all requested information to ensure business/guest meals are expensed in accordance with Auburn University Entertainment Policy. If you have any questions related to this form, please see the official Entertainment Policy (including Guest Meals, Business Meals, Receptions, Gifts and Flowers) at:

https://sites.auburn.edu/admin/university_policies/Policies/SpendigPoliciesandProcedures.pdf

Department Name: Chemistry and Biochemistry

Date, Time & Place of Meal/Event: _____

Amount of Meal/Event: _____ Ticket Number: _____

Business Purpose: _____

List Each Attendee and their Relationship to Auburn University / From Where

Name	Relationship / From
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If more space is needed, a separate list of attendees/relationship to AU may be attached to this form

Claimant's AU ID #: _____ **Requesting:** Reimbursement Pcard/Visa

Prepared By: _____ Date: _____

Remittance Address : _179 Chemistry Building Auburn University , AL. 36849

Approved By: _____ Date: _____

FOAP to be charged: 101001-136301-70360-1020

Note: An agenda of the business meeting/event should be attached as supporting documentation. (ITEMIZED receipt; NO MORE than 20% tip; No alcohol, spouses or children; only three AU representatives, unless previously approved)