

NORTHWESTERN STATE UNIVERSITY
PAYMENT/REIMBURSEMENT REQUEST FOR SPECIAL MEALS
 (All special meals for "individuals" must have prior approval from the Vice President in order to be reimbursed)

Purchase Order # _____ or Travel Order # _____ DATE: _____

Budget Unit Title: _____ Account Number(s) _____

Event/Purpose and Comments (Explain why the meal is in the best interest of the state/university):

Names, Official Titles and Affiliations Of All Persons For Whom Reimbursement of Meal Expenses Is Being Requested:	Reimbursement Request <small>To be completed after approval for special meals authorization. Include actual expenses incurred</small>	Amount
	ITEMS	
Name & Title:	No. of Breakfasts _____ @ \$ _____ =	
Affiliation:	No. of Lunches _____ @ \$ _____ =	
	No. of Suppers _____ @ \$ _____ =	
Name & Title:	No. of Breakfasts _____ @ \$ _____ =	
Affiliation:	No. of Lunches _____ @ \$ _____ =	
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Affiliation:	No. of Lunches _____ @ \$ _____ =	
	No. of Suppers _____ @ \$ _____ =	
Use additional forms for more than 8 participants	Total Reimbursement Requested	\$ _____

Name of Employee Assuming Responsibility

Position /Title

Signature

Date

Signature of Budget Unit Head

Date

Signature of Vice President/President (If applicable)

Date