

Texas A&M International University

Reimbursement/Payment of Business Meal

Employee's Name: _____ Current Date: _____
Place of Meeting: _____ Meeting Date: _____
City, State: _____ Department: _____
Account Number: _____ Total Amount: _____

Does receipt include alcoholic beverages? Yes No
Does reimbursement/payment request include alcoholic beverages? Yes No

Description of Meals

(Required only if an itemized receipt is not attached).

Attendees	Organization	Description of Meals
_____ Representing: _____	_____	_____
_____ Representing: _____	_____	_____
_____ Representing: _____	_____	_____
_____ Representing: _____	_____	_____
_____ Representing: _____	_____	_____
_____ Representing: _____	_____	_____
_____ Representing: _____	_____	_____
_____ Representing: _____	_____	_____
_____ Representing: _____	_____	_____

REQUIRED: Purpose of meeting. What was the benefit to TAMIU?

I, the undersigned, certify that food and beverages, if applicable, were purchases for the business purposes as described above.

Employee Signature

Vice-President/President Signature