Texas A&M University - Texarkana

Print Form

Reset Form

Reimbursement/Payment of Business Meals

Employee's Name _____ Current Date _____

Place of Meeting _____ Meeting Date _____

Alcoholic Beverages Purchased? ☐ Yes ☐ No Department _____

Account Number _____

Number Meals or Attendees	Description of Event and Person (s) Attending (List each person individually, attach invitation list or attendee list)	Amount
	Total	

I, the undersigned, certify that food and beverage were purchased for the business purpose as described above.

Entered By

Approved By