

BUSINESS MEAL CERTIFICATION

Not for Travel Meals

Purchase Order/Voucher # _____

The purpose of this form is to document the qualifications of business meals for payment or reimbursement. For information about the requirements for business meals, see the [Procurement Services website](#) > Travel and Meals > Business Meals.

MEAL REIMBURSEMENT AMOUNT: _____ **DATE OF MEAL:** _____

NAME OF DINING FACILITY: _____

TYPE OF MEAL (Check One): **Breakfast** **Lunch** **Dinner**

NUMBER OF PARTICIPANTS: _____

PURPOSE / REASON FOR THE MEAL: _____

ADDITIONAL JUSTIFICATION FOR MEALS OVER STATE LIMITS BY UP TO 50%: _____

NAME OF OTHER MEAL PARTICIPANTS	NAME OF EMPLOYER / AFFILIATION

This form must be **signed and dated** by the appropriate persons and the original maintained in the department, along with all receipts. All information on this form must be completely consistent with information entered on the Payment Voucher requesting payment or reimbursement for the meal.

PAYEE: (Always required) _____ **DATE:** _____

Project: _____ **Task:** _____ **Award:** _____ **Organization:** _____

One of the following signatures is always required, depending on the nature of the meal:

SUPERVISOR: _____ **TITLE:** _____ **DATE:** _____

Sufficient unless using Local funds, and the expense is greater than \$110.00/person. Then requires:

SUPERVISOR'S SUPERVISOR : _____ **DATE** _____

Sufficient unless using Local funds, **and** the expense includes spouse(s) **or** the cost of any alcohol included was equal to or greater than the cost of food. Then requires:

DEAN / VICE PRESIDENT: _____ **DATE:** _____