

Reimbursement Total: \$ _____

For Office Use Only
Banner Doc No: _____

Check: Mailed Cashier

Direct Deposit (Use VP1 address)

Meal Reimbursement Form for Hosting Candidates

(Please submit separate reimbursement forms for each meal)

Position being recruited: _____

Restaurant: _____

Hosted meal: Breakfast Lunch Dinner

Individuals attending meal: _____

Chair (or alternate host): _____

Candidate: _____

I hereby certify that no alcohol was purchased with state funds

*Reimbursement is limited **to the actual cost of meals and a 15% tip (up to the current EOU per diem rate) for two people** (per search) as outlined in the EOU Travel Policy. Cost for additional guests must be paid by the individuals attending or another departmental index. If another budget index is used, departmental approval by a Vice President, Dean or Director is also required.*

Reimbursement to: _____ EOU ID #: _____

Charge to search index \$ _____ Accounting: Index - BHR047, Acct - 28612

Invoice number: MEAL REIMB _____ (Ex: MEAL REIMB 07/01/13 SMITH)
receipt date (mm/dd/yy) Candidate's last name

Charge for additional attendees \$ _____ Accounting: Index - _____, Acct - 28612

Human Resources Approval: _____

Departmental Approval: _____

INSTRUCTIONS

1. Attach ORIGINAL ITEMIZED meal receipt (Non-itemized credit/debit card receipts ARE NOT ACCEPTABLE).
2. The claimant's EOU ID number must be included (Ex. 910123456). The use of the ID and not the SSN is encouraged for security reasons.
3. The reimbursement request must be signed by the claimant and the Department Dean/Director/Vice President (if departmental funds are used).
4. Enter into FIS as a direct pay document and submit original form and receipts to Human Resources, Inlow Hall Room 206.
5. Lists of additional guests additional guests must be attached to this form.