

**Department of Statistics
Departmental Visitor Meal Reimbursement**

Date: _____ (Please use a new sheet for each day)

Visitor's Name/Affiliation: _____

Purpose of Trip: _____

Departmental Host: _____

Lunch location: _____

Attendees: _____

Was alcohol served? Yes No

*Account to Charge Meals to: _____

Amount to Charge to Account: _____

Signature of Account Owner: _____

If more than one account is to be charged, please note 2nd account to be charged.

*Account to Charge Additional Meals to: _____

Amount to Charge to Account: _____

Signature of Account Owner: _____

Dinner Location: _____

Attendees: _____

Was alcohol served? Yes No

*Account to Charge Meals to: _____

Amount to Charge to Account: _____

Signature of Account Owner: _____

If more than one account is to be charged, please note 2nd account to be charged.

*Account to Charge Additional Meals to: _____

Amount to Charge to Account: _____

Signature of Account Owner: _____

(If reimbursing for Department Seminar Speaker –
The department will pay for the seminar speaker & 4 guests or up to \$100, whichever is greater.)

**Please return the completed form along with the itemized receipt,
to Melissa Banks's mailbox.**