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 2\textsuperscript{nd} 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 2\textsuperscript{nd} 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.