

**Documentation for Reimbursement of
Business Meals/Collaborations**

To Be Reimbursed/Paid to:

Date and Place of Meeting:

Business Purpose:

Benefit of Meeting:

Person or Group Attending:

Name

Job Title/Company

Account/Project:

_____ / _____

I, the undersigned, certify that regarding food and beverage purchased for the business purpose as described above, exactly \$ 0.00 (including any applicable tax) was for the purchase of alcoholic beverages.

Amount of Food/Non-Alcoholic Beverage:

Amount of Alcoholic Beverage(s):

Amount of Tip:

Total Amount of Receipt:

Total Amount of Reimbursement:

Not Reimbursable:

Signature

Date