

Business Meal Form

Employee's Name: _____

Department: _____

Employee's Signature: _____

Meeting Start Time:

Meeting End Time:

Business Purpose:

Date	Location	Attendee Name	UConn Employee/ Student	Affiliation/ Department

Meal Cost Per Person: **HcHJ'AYU'7cgh**

- ✓ Please refer to [section 5d](#) . (p.24) of the Travel Policy before filling this form out for meal reimbursement guidelines. Refer to links for rates: [Foreign](#) / [US](#)
- ✓ Receipts being submitted for reimbursement must be itemized and show that payment has been made in order for a reimbursement to be processed.
- ✓ Please attach a formal written agenda to this form detailing the business meeting.

Approval Name: _____

Approval Signature: _____

Business Meal Form Continued

Date	Location	Attendee Name	UConn Employee/ Student	Affiliation/ Department