

Business Meal Report

Reimbursement request payable to an employee: submit through Concur

Type of Payment:

Payment to vendor

Reimbursement to student

MichiganTech Dept

Date of Event

Type of Event:

Breakfast

Lunch

Dinner

Other

Indicate if this is a Department Event:

Yes

No

Name and Address of Facility:

Michigan Tech **business** purpose and benefits derived from the event:

Name(s) and affiliation(s) of those persons for which expenses are being claimed:

Name(s): _____

Affiliation(s):

Index Number

Number of persons served (per receipt)

Total charges on
attached itemized
— receipt

Signature (host)

Date _____

Printed Name

Signature (Department Dean/Chair/Director or higher)/ Date

Printed Name

Signature (Financial Manager)

Date _____

Printed Name

Please send completed form along with itemized receipt(s) to travel@mtu.edu.