## Financial Services and Operations

Third Floor Lakeshore Center 1400 Townsend Drive Houghton, MI 49931-1295 906/487-2373 Fax 906/487-2119

## **Business Meal Report**

Reimbursement request payable to an employee: submit through Concur

Type of	Payment:	Payment to vendor	Reimbursement to student
/lichiganTech Dept			ÉDate of Event
	Type of Event:	Breakfast Lunch Dinner Other	
Name	and Address of F	Facility:	
Michi	gan Tech <b>busine</b> s	ss purpose and benefits	derived from the event:
		persons for which expens	
N	ame(s):		Affiliation(s):
Index Number		Number of persons served (per receipt)	Total charges on attached itemized receipt
Signature (host)		Date	Printed Name
Signature (Depart	ment Dean/Chair/	Director or higher)/ Date	Printed Name
Signature (Finance	ial Manager)		Printed Name