Meal Reimbursement Sheet for Board Meetings

CLAIMANT NAME:
BOARD TITLE:
EMAIL / PHONE:
MEETING DATE:
MEETING NAME:
SUBMISSION DATE:

DATE	RESTAURANT / CATERER	BUSINESS PURPOSE / MEAL TYPE	NAMES OF ATTENDEES	RECEIPT?	AMOUNT
				Total Reimbursement Claim:	

Submission Requirements:
1. Original itemized receipts must be attached for all meal expenses.
2. Per diem or actual expense limits apply in accordance with the Board Expense Policy.
3. Please list the full names of all board members and guests present for each meal.

CLAIMANT ACKNOWLEDGEMENT

Signature Date

APPROVAL (TREASURER / BOARD CHAIR)

Authorized Signature Date