



Business Meals and Related Expenses Form
form not needed for employee reimbursement

Expense type – Select one: <input type="radio"/> 1. Paid by ASU Purchasing Card <input type="radio"/> 2. Direct supplier invoice	Supplier name:
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Event location:	Event date:	
Business or public purpose Please explain the public purpose. Clearly justify why this expenditure is appropriate if only ASU-employed personnel are present at the meal. Attach an agenda or program when available:		
Cost Center + Program, Gift, Grant or Project Worktag:	PO # (if applicable):	Total amount:

Attendees list | Attach an additional sheet if necessary:

ASU faculty, staff or students		
Name	Department	Title
1.		
2.		
3.		
4.		
5.		
Other attendees		
Name	Affiliation	Title
1.		
2.		
3.		
4.		
5.		

State the approximate number of attendees and ASU department or affiliation if a large group is present at an event, and an attendee list is not available.

No reimbursement for alcoholic purchases is allowed on university accounts. Attach itemized receipts to the supplier invoice for reimbursements over \$40 per person.

Required certification – I certify that no reimbursement for alcoholic purchases is being requested.

Requester's name	Phone	Signature	Date
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Required approvals

Direct inquiries to:	Signature	Date
Cost Center Manager name (print)	Signature	Date
Dean or Director (if required) name (print)	Signature	Date
Other (if required) name (print)	Signature	Date