

To: Purchasing Department

Search Number: \_\_\_\_\_

Department: \_\_\_\_\_

**MEAL JUSTIFICATION FORM**

DATE	MEAL (indicate breakfast, lunch, or dinner)	LOCATION OF MEAL	NAMES OF ATTENDEES	ATTENDEES' TITLES ("candidate," "chair," "committee member")	REIMBURSABLE COST OF MEAL *

\* Cost for alcoholic beverages and additional guests (not a party to the business portion of the gathering) must be deducted before providing reimbursable total.

\_\_\_\_\_  
**Signature and title**

\_\_\_\_\_  
**Date**

*Revised February 15, 2007*