



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

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