

LIST OF EMPLOYEES / GUEST FOR MEAL REIMBURSEMENT

(Use this list only when 25 people or less attending)

Date: _____

NAME OF OFFICIAL HOST	OFFICIAL HOST TITLE
DEPARTMENT	PHONE NUMBER & WORK LOCATION

<input style="width: 80%;" type="text"/>	Breakfast *	<input style="width: 80%;" type="text"/>	Number of Attendees	<input style="width: 80%;" type="text"/>	\$	<input style="width: 80%;" type="text"/>	Cost
<input style="width: 80%;" type="text"/>	Lunch *	<input style="width: 80%;" type="text"/>	Number of Attendees	<input style="width: 80%;" type="text"/>	\$	<input style="width: 80%;" type="text"/>	Cost
<input style="width: 80%;" type="text"/>	Dinner *	<input style="width: 80%;" type="text"/>	Number of Attendees	<input style="width: 80%;" type="text"/>	\$	<input style="width: 80%;" type="text"/>	Cost
<input style="width: 80%;" type="text"/>	Refreshments *	<input style="width: 80%;" type="text"/>	Number of Attendees	<input style="width: 80%;" type="text"/>	\$	<input style="width: 80%;" type="text"/>	Cost

* Max. allowance including Tax & Tips: Breakfast \$15/person , Lunch \$25.00/person, Dinner \$40/person, Refreshments \$10.00/person

	Name	Job Title	Organization/Affiliation
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Official Host Signature

Date

Authorized Approval Signature

Date