

## Business Meal Certification

\* = Required field

### Not For Meals Associated With Overnight Travel

(Complete a Travel Reimbursement Voucher For These Meals)

The purpose of this form is to document the qualifications of business meals for payment or reimbursement. All business meals must be "PRE-APPROVED", conducted for bona-fide business reasons, and are subject to limits established by the State Comptroller's office.

#### \* Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

E-mail \_\_\_\_\_

Meal Reimbursement Amount \_\_\_\_\_ Date of Meal \_\_\_\_\_

Name of Dining Facility \_\_\_\_\_

Number of Participants \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Meal (Check One)    Breakfast    Lunch    Dinner

#### \* Purpose/Reason for the Meal

Name of Other Meal Participants	Name of Employer or Affiliation

This form must be "PRE-APPROVED". It must be signed below by the appropriate persons and the original maintained in the department, along with all receipts. All information on this form must be completely consistent with information entered on the Check Request requesting payment or reimbursement for the meal.

\* Payee Name: \_\_\_\_\_ Date: \_\_\_\_\_

\* Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

\* V.P. Finance & Administration: \_\_\_\_\_ Date: \_\_\_\_\_

Signature