

## Business Meal Detail Form

**Payee Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Payee Signature:** \_\_\_\_\_ **Vendor:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Department Head Name:** \_\_\_\_\_

**Department Head Signature:** \_\_\_\_\_

**Meeting Date:**  **Meeting Start Time:**  **Meeting End Time:**

**Meeting Location:**

**Business Purpose:**

**FOAPAL:**

| Fund | Org | Account | Prog | Allocation % |
|------|-----|---------|------|--------------|
|      |     |         |      |              |
|      |     |         |      |              |
|      |     |         |      |              |

All State of Connecticut employees (including UCH employees) must always be individually listed with name, title and Affiliation/Department.

If there will be 20 or less attendees, then the form must list all attendees on the attached sheet.

If there will be more than 20 attendees, then non-state employee attendee counts can be summarized by institution/entity.

**Meal Cost Per Person:**

**Total Meal Cost:**

- ✓ Please refer to [Section 5d](#) of the Travel Policy before filling this form out for meal reimbursement guidelines.
- ✓ Please refer to links for Per Diem Rates: [Foreign](#) / [US](#)
- ✓ Receipts being submitted for reimbursement must be itemized and show that payment has been made in order for a reimbursement to be processed. Note: UConn Health funds may not be used to purchase alcoholic beverages.

**President/Provost/**

**UConn Senior Leader Name :** \_\_\_\_\_

**Authorized  
Signature:**

\_\_\_\_\_

