



# Business & Guest Meals

Date: \_\_\_\_\_

The purpose of this form is to document the qualifications of business meals as outlined by the IRS and University Policy 223. **This form must be completed for all business and guest meals and must include an original itemized receipt**. Alcohol cannot be purchased/reimbursed by the University. Spouse meals cannot be reimbursed without a specific bona fide business purpose and WRITTEN preapproval by the University President.

## EVENT/MEAL INFORMATION

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Meal (Check One):  Breakfast  Lunch  Dinner

Total Number of Participants: \_\_\_\_\_ Total Amount: \_\_\_\_\_

## BUSINESS PURPOSE

Clearly explain the business purpose/need for the meal and the benefit received by the University. Attach additional sheets as necessary.

## LIST OF ATTENDEES

For large open events where it is impractical to provide an attendee list, state the approximate count of attendees and their general affiliation. Attach additional sheets as necessary.

Name	DSU Department or Affiliation	Title

## CERTIFICATION

By signing this form, I certify that the meal expenditure claimed on this form was business related, involved a substantive and bona fide business discussion related to the University's mission/purpose, provided benefits to the University, and is in compliance with University Policy 223.

Requestor: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## REIMBURSEMENT REQUEST & APPROVAL

Complete this section only if a reimbursement is required for the meal.

Payee: \_\_\_\_\_ Dixie ID: \_\_\_\_\_ Index: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby certify that, to my knowledge, this request is consistent with all University policies and federal and state regulations. I also certify that index indicated above has budget available to cover the expenditure.

\*Budget Admin (Print): \_\_\_\_\_  
(Sign): \_\_\_\_\_

\*(must be payee's supervisor if payee is the budget administrator)