MEAL REIMBURSEMENT REQUEST

Employee Last Name:	Employee First Name:	
Personnel number:	Wage Type: 088A	
Reimbursement request amount:		
SAP fund center number to charge expense:		
Date of travel:		
Time of travel:		
Location of travel:		
I certify this reimbursement request is in accordangements. I understand this reimbursement is W-2.		
Employee Signature	Date	
Dean/VP Name:		
Dean/VP Signature	Date	
Submit to: Payroll Office, 203 Old Main		
Payment will be issued by the Payroll Office and pay cycle.	included in the employee's paycheck,	direct deposit with the next available
Payroll Use only: Payment date	Processed by	
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