

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 accordance with established System policy and applicable collective bargaining agreements. I understand this reimbursement is taxable income per IRS regulations and will be reported on my form 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 included in the employee's paycheck/direct deposit with the next available pay cycle.

Payroll Use only:

Payment date _____

Processed by _____