

# University of Southern Indiana College of Liberal Arts

## REQUEST FOR REIMBURSEMENT FOR CANDIDATE MEALS

Please follow the guidelines for the allowed amounts for candidate meal reimbursements listed below. Any additional charges over the allowed amount will NOT be reimbursed.

Position Description \_\_\_\_\_ Position Number \_\_\_\_\_

Department \_\_\_\_\_

Candidate Name \_\_\_\_\_

**MUST have ORIGINAL ITEMIZED receipt for reimbursement**

Reimbursement is for a MAXIMUM of THREE faculty PLUS the candidate (for a total of four people). Additional faculty may attend, but the additional meals are not reimbursable.

**Meal**                      **Date**                                      **Location**

**Breakfast** \_\_\_\_\_  
Limit of \$10 per person (plus gratuity up to 15%)

**Lunch** \_\_\_\_\_  
Limit of \$10 per person (plus gratuity up to 15%)

**Dinner** \_\_\_\_\_  
Limit of \$25 per person (plus gratuity up to 15%)

	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
Attendee Name	_____	_____	_____
Attendee Name	_____	_____	_____
Attendee Name	_____	_____	_____

Name of Person to Reimburse \_\_\_\_\_

Address \_\_\_\_\_

**ALCOHOL**  
If alcohol is purchased, a **SEPARATE ORIGINAL ITEMIZED** receipt is required.

IF alcohol purchased – SS # \_\_\_\_\_