SOUTHWEST TENNESSEE COMMUNITY COLLEGE

Request for Meal Reimbursement

Southwest Tennessee Community College Policy 4:07:00:00 Business Meals provides additional information for completing this form.

Meal Reimburseme	nt Request	for:		
Guest Meals	Employee Meals		Non-employee Group	
Meal(s)				
Breakfast	Lunch	Dinner	Other (specify):	
Guest(s):				
College Personnel:				
U U				
Event, Date, Purpose and Comments:				
Make Payment or R	Reimbursem	ent to:		
Banner ID:		г	Fotal Number of People in Group:	
Department Name:		Date:		
Index Number/Account Code:			Amount of Reque	est \$
This expenditure is	approved fo	r payment in a	accordance with Policy 4:07:00:00	Business Meals
The following signa	tures are ree	quired for all n	neal reimbursement requests:	
Prepared By (Please Pr	rint).			Date:
Email/Ext:				
Claimant's Signature: _				Date:
				Date:
Department Head/High	er Authority Si			Date:
Department Head/High	er Authority Na	ame:		

Southwest Tennessee Community College is an Equal Opportunity/Affirmative Action College.