



# LIST OF EMPLOYEES / GUEST FOR MEAL REIMBURSEMENT

( Use this list only when 25 people or less attending )

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

NAME OF OFFICIAL HOST	OFFICIAL HOST TITLE
DEPARTMENT	PHONE NUMBER & WORK LOCATION

<input type="text"/>	Breakfast *	<input type="text"/>	Number of Attendees	\$ <input type="text"/>	Cost
<input type="text"/>	Lunch *	<input type="text"/>	Number of Attendees	\$ <input type="text"/>	Cost
<input type="text"/>	Dinner *	<input type="text"/>	Number of Attendees	\$ <input type="text"/>	Cost
<input type="text"/>	Refreshments *	<input type="text"/>	Number of Attendees	\$ <input type="text"/>	Cost

\* Maximum allowance including Tax & Tips: Breakfast \$20/Person , Lunch \$30/Person, Dinner \$50/Person, Refreshments \$15/Person

	Name	Job Title	Organization/Affiliation
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Official Host Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Authorized Approval Signature

\_\_\_\_\_

Date