

Virginia Tech  
Department of Chemistry  
Business Meal Reimbursement

Date of Submission: \_\_\_\_\_ Last 4 of Hokie ID#: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Purpose of Business Meal:

Date of Meal: \_\_\_\_\_

Fund: \_\_\_\_\_ Amount: \_\_\_\_\_

Restaurant: \_\_\_\_\_

Name and Title of Visitor: (University, etc) \_\_\_\_\_

Visitor Affiliation: \_\_\_\_\_

List other attendees and their affiliation: (or attach list of attendees to form.)

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Meal:

Breakfast       Lunch       Dinner       Other \_\_\_\_\_

Alcohol Portion: (Please indicate if included.)

Yes \_\_\_\_\_

No

**Prior to submission of form, please ensure entire form has been completed and is attached with itemized receipt to guarantee quick processing.**