## **GEORGIA SOUTHERN UNIVERSITY COOPERATIVE ORGANIZATIONS**

## **Reimbursement Request for Faculty/Staff Meals**

Requested By (name/phone/PO box):			
Paying Foundation:			
Account Name:			Account #
Amount to be Reimbursed:		_	
Date:	Time:	<del> </del>	
Place:			
University Related Business Purpose:			
Was meal provided due to duration of schedules? (Y/N)	f meeting and/or	to avoid significan	t impact on employee work
Listing of Attendees:			
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<---- Click to clear entire form

Attach completed form and documentation to Check Request Form.

Please attach meeting agenda.