Arkansas Tech University Russellville, Arkansas

То:	Vice President for Administration and Finance		
From:			
Date:			
Subject:	Request for Reimbursement		
	t for meal expenses incurred as an official Univached. The expenses were incurred in (name of t	-	host is requested. An original itemized
Index Code-Fund-Organization-Account-Program Code Numbers			Amount
Index Code- Fur	nd-Organization-Account-Program Code Numbers		Amount
Justification for Meal Expense:			
List of Participa	nts (first and last name):		
Signature of Re	questor	Signatı	ire of Department Head
Printed Name of Requestor F		Printed Name of Department Head	
Vendor Number of Requestor		Signature of Dean (If applicable)	
	-	Printec	Name of Dean
Approved for Pa	ayment:		