



Travel Services  
 203 West O Street  
 Russellville, AR 72801-2222  
 479-356-6209  
 travel@atu.edu



To: Vice President for Administration and Finance

From: \_\_\_\_\_

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

Subject: Request for Reimbursement

Reimbursement for meal expenses incurred as an official University host is requested. An original itemized receipt(s) is attached. The expenses were incurred in (name of town) \_\_\_\_\_

Index Code-Fund-Organization-Account-Program Code Numbers	Amount

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Justification for Meal Expense:

List of Participants (first and last name):


\_\_\_\_\_  
 Signature of Requestor

\_\_\_\_\_  
 Signature of Department Head

\_\_\_\_\_  
 Printed Name of Requestor

\_\_\_\_\_  
 Printed Name of Department Head

\_\_\_\_\_  
 Vendor Number of Requestor

\_\_\_\_\_  
 Signature of Dean (If applicable)

\_\_\_\_\_  
 Printed Name of Dean

Approved for Payment:

\_\_\_\_\_  
 Vice President for Administration and Finance

\_\_\_\_\_  
 Signature of Chancellor – Ozark Campus  
 (required for all Ozark Campus employees)