



Travel Services  
404 N El Paso  
Russellville, AR 72801-2222  
479-356-6209  
travel@atu.edu

This section must be completed for payment processing.

Requestor Home Address:

Street Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

\_\_\_\_\_  
Index Code- Fund-Organization-Account-Program Code Numbers

\_\_\_\_\_  
Amount

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)

Approved for Payment:

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

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

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